

Labor, Health and Human Services, and Education: FY2015 Appropriations

Updated March 31, 2015

Congressional Research Service

<https://crsreports.congress.gov>

R43967

Summary

This report provides an overview of actions taken by Congress and the President to provide FY2015 appropriations for accounts funded by the Departments of Labor, Health and Human Services, and Education, and Related Agencies (L-HHS-ED) appropriations bill. This bill provides funding for all accounts subject to the annual appropriations process at the Departments of Labor (DOL) and Education (ED). It provides annual appropriations for most agencies within the Department of Health and Human Services (HHS), with certain exceptions (e.g., the Food and Drug Administration is funded via the Agriculture bill). The L-HHS-ED bill also provides funds for more than a dozen related agencies, including the Social Security Administration (SSA).

Enacted Appropriations: On December 16, 2014, President Obama signed into law the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), which provided FY2015 appropriations for L-HHS-ED in Division G. This law appropriated \$164 billion in discretionary funding for L-HHS-ED (not counting emergency Ebola funds), which is roughly comparable to amounts provided in FY2014 (+0.05%) and the FY2015 President's request (-0.1%). In addition, the FY2015 omnibus provided an estimated \$681 billion in mandatory L-HHS-ED funding, for a total of \$846 billion for L-HHS-ED as a whole. The FY2015 omnibus followed three government-wide continuing resolutions (CRs), which provided temporary funding earlier in the fiscal year (P.L. 113-164, P.L. 113-202, and P.L. 113-203).

- **DOL:** The FY2015 omnibus provided roughly \$11.9 billion in discretionary funding for DOL, roughly 0.8% less than the comparable FY2014 funding level of \$12.0 billion.
- **HHS:** The FY2015 omnibus provided roughly \$71.0 billion in discretionary funding for HHS, roughly 0.3% more than the comparable FY2014 funding level of \$70.7 billion.
- **ED:** The FY2015 omnibus provided roughly \$67.1 billion in discretionary funding for ED, roughly 0.2% less than the comparable FY2014 funding level of \$67.3 billion.
- **Related Agencies:** The FY2015 omnibus provided roughly \$14.2 billion in discretionary funding for L-HHS-ED related agencies, roughly 0.8% more than the comparable FY2014 funding level of \$14.1 billion.

Earlier L-HHS-ED Congressional Action: Prior to the start of the fiscal year, the Senate Appropriations L-HHS-ED Subcommittee initiated action on a full-year FY2015 bill. On June 10, 2014, the Senate subcommittee approved an FY2015 L-HHS-ED appropriations bill by voice vote. This bill was not reported by the full committee. However, on July 24, 2014, the Senate Appropriations Committee released a copy of the subcommittee-approved bill and draft subcommittee report. The subcommittee-approved bill would have provided \$167 billion in discretionary L-HHS-ED funds, which is about 2% more than the comparable FY2014 funding level and the FY2015 President's request. In addition, the Senate subcommittee bill would have provided an estimated \$681 billion in mandatory funding, for a combined total of \$848 billion for L-HHS-ED as a whole. The House did not take action on a stand-alone FY2015 L-HHS-ED bill.

President's Request: On March 4, 2014, the Obama Administration released its FY2015 budget. The President requested \$164 billion in discretionary funding for accounts funded by the L-HHS-ED bill (0.2% more than comparable FY2014 levels). In addition, the President's budget requested roughly \$681 billion in annually appropriated mandatory funding, for a total of roughly \$846 billion (6% more than comparable FY2014 levels) for the L-HHS-ED bill as a whole.

Contents

Introduction	1
Report Roadmap and Useful Terminology	1
Scope of the Report.....	1
Important Budget Concepts.....	2
Mandatory vs. Discretionary Appropriations.....	2
Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year.....	3
Status of FY2015 Appropriations.....	4
FY2015 Omnibus Appropriations	4
Emergency Ebola Appropriations	5
FY2015 Continuing Resolutions	6
Congressional Actions on a Stand-Alone L-HHS-ED Bill	6
FY2015 Action in the Senate	6
FY2015 Action in the House.....	6
FY2015 President’s Budget Request.....	6
Conclusion of the FY2014 Appropriations Process	6
Summary of FY2015 L-HHS-ED Appropriations.....	7
Department of Labor (DOL)	9
About DOL	10
FY2015 DOL Appropriations Overview	10
Selected DOL Highlights	11
Employment and Training Administration (ETA).....	11
Wage and Hour Division.....	12
Bureau of Labor Statistics (BLS).....	12
Department of Health and Human Services (HHS).....	15
About HHS.....	15
FY2015 HHS Appropriations Overview	16
Selected HHS Highlights	17
Public Health Service Evaluation Tap.....	18
Prevention and Public Health Fund	18
HHS Highlights by Agency	19
Funding Restrictions Related to Certain Controversial Issues.....	23
Department of Education (ED).....	29
About ED	29
FY2015 ED Appropriations Overview.....	30
Selected ED Highlights	30
Education for the Disadvantaged	31
Impact Aid.....	31
Innovation and Improvement.....	31
Special Education.....	31
Pell Grants.....	32
Related Agencies	36
FY2015 Related Agencies Appropriations Overview	36
Selected Related Agencies Highlights.....	37

Figures

Figure 1. FY2015 Omnibus Appropriations for Labor, HHS, ED, and Related Agencies	5
Figure 2. FY2015 Omnibus L-HHS-ED Appropriations, by Title	9
Figure 3. FY2015 Omnibus Appropriations to HHS by Agency	17

Tables

Table 1. Status of Full-Year L-HHS-ED Appropriations Legislation, FY2015	4
Table 2. L-HHS-ED Appropriations Overview by Bill Title, FY2014-FY2015	7
Table 3. DOL Appropriations Overview	11
Table 4. Detailed DOL Appropriations	12
Table 5. HHS Appropriations Overview	16
Table 6. HHS Appropriations Totals by Agency	24
Table 7. Discretionary HHS Appropriations for Selected Programs or Activities, by Agency	26
Table 8. ED Appropriations Overview	30
Table 9. Detailed ED Appropriations	32
Table 10. Related Agencies Appropriations Overview	36
Table 11. Detailed Related Agencies Appropriations Table	37
Table A-1. FY2015 Discretionary 302(b) Allocations for L-HHS-ED and Status of Comparable Appropriations	42
Table A-2. L-HHS-ED Appropriations Overview by Bill Title, FY2014-FY2015	43

Appendixes

Appendix. Budget Enforcement Activities	40
---	----

Contacts

Author Information	44
--------------------------	----

Introduction

This report provides an overview of FY2015 appropriations actions for accounts traditionally funded in the appropriations bill for the Departments of Labor, Health and Human Services, and Education, and Related Agencies (L-HHS-ED). This bill provides discretionary and mandatory appropriations to three federal departments: the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of Education (ED). In addition, the bill provides annual appropriations for more than a dozen related agencies, including the Social Security Administration (SSA).

Discretionary funds represent less than one-quarter of the total funds appropriated in the L-HHS-ED bill. Nevertheless, the L-HHS-ED bill is typically the largest single source of discretionary funds for domestic non-defense federal programs among the various appropriations bills (the Department of Defense bill is the largest source of discretionary funds among all federal programs). The bulk of this report is focused on discretionary appropriations because these funds receive the most attention during the appropriations process.

The L-HHS-ED bill typically is one of the more controversial of the regular appropriations bills because of the size of its funding total and the scope of its programs, as well as various related policy issues addressed in the bill such as restrictions on the use of federal funds for abortion and for research on human embryos and stem cells.

Congressional clients may consult the LHHS experts list in CRS Report R42638, *Appropriations: CRS Experts* for information on which analysts to contact at the Congressional Research Service (CRS) with questions on specific agencies and programs funded in the LHHS bill.

Report Roadmap and Useful Terminology

This report is divided into several sections. The opening section provides an explanation of the scope of the L-HHS-ED bill (and hence, the scope of this report), as well as an introduction to important terminology and concepts that carry throughout the report.

Next is a series of sections describing major congressional actions on FY2015 appropriations and (for context) a review of the conclusion of the FY2014 appropriations process.

The following section provides a high-level summary and analysis of proposed and enacted mandatory and discretionary appropriations for FY2015, compared to comparable FY2014 funding levels.

The body of the report concludes with overview sections for each of the major components of the bill: the Department of Labor, the Department of Health and Human Services, the Department of Education, and Related Agencies. These sections provide selected highlights of the FY2015 omnibus, compared to proposed appropriations in the Senate subcommittee-approved stand-alone FY2015 L-HHS-ED bill, the FY2015 President's request, and comparable FY2014 levels.

Finally, an **Appendix** provides a summary of budget enforcement activities for FY2015. This includes information on the Budget Control Act of 2011 (BCA; P.L. 112-25) and sequestration, as well as procedural efforts related to budget resolutions and subcommittee spending allocations.

Scope of the Report

This report is focused strictly on appropriations to agencies and accounts that are subject to the jurisdiction of the Labor, Health and Human Services, Education, and Related Agencies

Subcommittees of the House and the Senate Appropriations Committees (i.e., accounts traditionally funded via the L-HHS-ED bill). Department “totals” provided in this report do not include funding for accounts or agencies that are traditionally funded by appropriations bills under the jurisdiction of other subcommittees.

The L-HHS-ED bill provides appropriations for the following federal departments and agencies:

- the Department of Labor;
- the majority of the Department of Health and Human Services, except for the Food and Drug Administration (provided in the Agriculture appropriations bill), the Indian Health Service (provided in the Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (also funded through the Interior-Environment appropriations bill);
- the Department of Education; and
- more than a dozen related agencies, including the Social Security Administration, the Corporation for National and Community Service, the Corporation for Public Broadcasting, the Institute of Museum and Library Services, the National Labor Relations Board, and the Railroad Retirement Board.

Note also that funding totals displayed in this report do not reflect amounts provided outside of the regular appropriations process. Certain direct spending programs, such as Old-Age, Survivors, and Disability Insurance and parts of Medicare, receive funding directly from their authorizing statutes; such funds are not reflected in the totals provided in this report because they are not subject to the regular appropriations process (see related discussion in the “Important Budget Concepts” section).

Important Budget Concepts

Mandatory vs. Discretionary Appropriations¹

The L-HHS-ED bill includes both discretionary and mandatory appropriations. While all discretionary spending is subject to the annual appropriations process, only a portion of mandatory spending is provided in appropriations measures.

Mandatory programs funded through the annual appropriations process are commonly referred to as *appropriated entitlements*. In general, appropriators have little control over the amounts provided for appropriated entitlements; rather, the authorizing statute controls the program parameters (e.g., eligibility rules, benefit levels) that entitle certain recipients to payments. If Congress does not appropriate the money necessary to meet these commitments, entitled recipients (e.g., individuals, states, or other entities) may have legal recourse.²

Most mandatory spending is not provided through the annual appropriations process, but rather through direct spending budget authority provided by the program’s authorizing statute (e.g., Old-

¹ For definitions of these and other budget terms, see U.S. Government Accountability Office (GAO), *A Glossary of Terms Used in the Federal Budget Process*, GAO-05-734SP, September 1, 2005, <http://www.gao.gov/products/GAO-05-734SP>. (Terms of interest may include appropriated entitlement, direct spending, discretionary, entitlement authority, and mandatory.)

² Sometimes appropriations measures include amendments to laws authorizing mandatory spending programs and thereby change the amount of mandatory appropriations needed. Because such amendments are legislative in nature, they may violate parliamentary rules separating authorizations and appropriations. For more information, see CRS Report R42388, *The Congressional Appropriations Process: An Introduction*, by Jessica Tollestrup.

Age, Survivors, and Disability Insurance). The funding amounts in this report do not include direct spending budget authority provided outside of the appropriations process. Instead, the amounts reflect only those funds, discretionary and mandatory, that are provided through appropriations acts.

Note that, as displayed in this report, mandatory amounts for the FY2015 President's request reflect current law (or current services) estimates; they do not include any of the Administration's proposed changes to a program's authorizing statute that might affect total spending. (In general, such proposals are excluded from this report, as they typically require authorizing legislation.)

Note also that the report focuses most closely on discretionary funding. This is because discretionary funding receives the bulk of attention during the appropriations process. (As noted earlier, although the L-HHS-ED bill includes more mandatory funding than discretionary funding, the appropriators generally have less flexibility in adjusting mandatory funding levels than discretionary funding levels.)

Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year

Budget authority is the amount of money Congress allows a federal agency to commit or spend. Appropriations bills may include budget authority that becomes available in the current fiscal year, in future fiscal years, or some combination. Amounts that become available in future fiscal years are typically referred to as *advance appropriations*.

Unless otherwise specified, appropriations levels displayed in this report refer to the total amount of *budget authority provided in an appropriations bill* (i.e., "total in the bill"), regardless of the year in which the funding becomes available.³ In some cases, the report breaks out "current-year" appropriations (i.e., the amount of *budget authority available for obligation in a given fiscal year*, regardless of the year in which it was first appropriated).⁴

As the annual appropriations process unfolds, current-year appropriations plus any additional adjustments for congressional scorekeeping are measured against 302(b) allocation ceilings (budget enforcement caps for appropriations subcommittees that traditionally emerge following the budget resolution process). Unless otherwise specified, appropriations levels displayed in this report do not reflect additional *scorekeeping adjustments*, which are made by the Congressional Budget Office (CBO) to reflect conventions and special instructions of Congress.⁵

³ Such figures include advance appropriations provided in the bill for future fiscal years, but do not include advance appropriations provided in prior years' appropriations bills that become available in the current year.

⁴ Such figures exclude advance appropriations for future years, but include advance appropriations from prior years that become available in the current year.

⁵ For more information on scorekeeping, see CRS Report 98-560, *Baselines and Scorekeeping in the Federal Budget Process*, by Bill Heniff Jr. See also a discussion of key scorekeeping guidelines included in the joint explanatory statement accompanying the conference report to the Balanced Budget Act of 1997 (H.Rept. 105-217, pp. 1007-1014).

Status of FY2015 Appropriations

Table 1 provides a timeline of major legislative actions toward full-year FY2015 L-HHS-ED appropriations. The remainder of this section provides additional detail on these and other steps toward full-year L-HHS-ED appropriations.

Table 1. Status of Full-Year L-HHS-ED Appropriations Legislation, FY2015

Bill	Subcommittee Approval		Full Committee Approval		Initial Passage		Resolution of House and Senate Differences			Public Law
	House	Senate	House	Senate	House	Senate	Conf. Report	House	Senate	
H.R. 83							explanatory materials inserted in <i>Congressional Record</i> ^a	12/11/14 219-206	12/13/14 56-40	12/16/14 P.L. 113-235
Senate Subcmte Bill		6/10/14 voice vote								

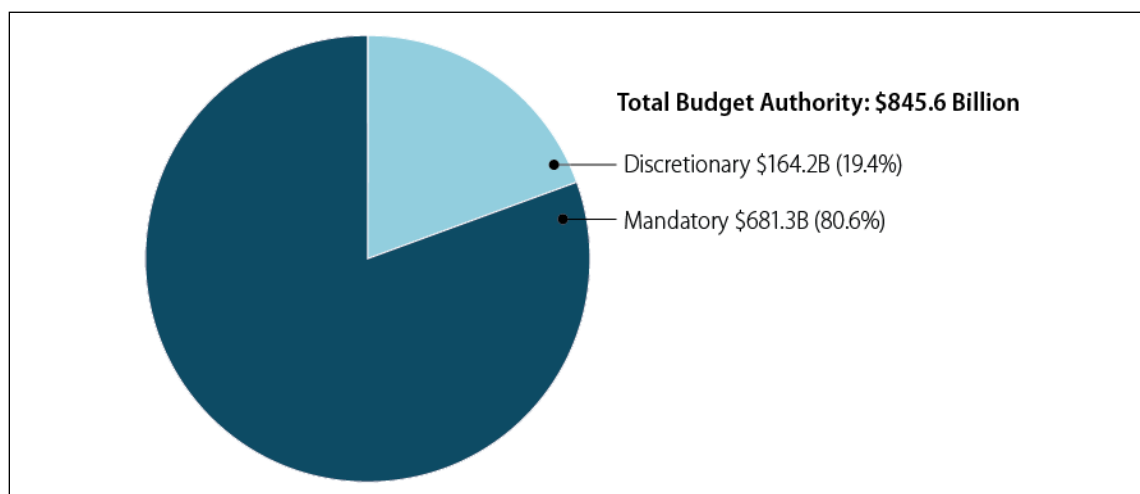
Source: CRS Appropriations Status Table.

- a. *Congressional Record*, Volume 160, No. 151, Book II (December 11, 2014), pp. H9307-H10300, <https://www.congress.gov/crc/2014/12/11/CREC-2014-12-11-bk2.pdf>.

FY2015 Omnibus Appropriations

On December 16, 2014, President Obama signed into law the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235). The final version of this bill was agreed to in the House on December 11 and in the Senate on December 13. The enacted law provided regular, full-year appropriations for 11 of the 12 annual appropriations bills, including L-HHS-ED (see Division G).

This law appropriated \$164 billion in discretionary funding for L-HHS-ED (not counting emergency Ebola funds), which is roughly comparable to amounts provided in FY2014 (+0.05%) and the FY2015 President's request (-0.1%). In addition, the FY2015 omnibus provided an estimated \$681 billion in mandatory L-HHS-ED funding, for a total of \$846 billion for L-HHS-ED as a whole. (See **Figure 1** for the breakdown of discretionary and mandatory L-HHS-ED appropriations in the FY2015 omnibus.)

Figure 1. FY2015 Omnibus Appropriations for Labor, HHS, ED, and Related Agencies

Source: CRS amounts are estimated based on data provided in the joint explanatory statement accompanying the FY2015 omnibus (P.L. 113-235). For consistency with source materials, the FY2015 enacted levels do not reflect sequestration for nonexempt mandatory spending programs, where applicable, or any transfers or reprogramming of funds that may have occurred pursuant to executive authorities. Totals do not include emergency Ebola funds appropriated to HHS in Division G, Title VI (\$2.7 billion).

Notes: Details may not add to totals due to rounding. Amounts in this figure (1) reflect all budget authority appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds proposed for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills.

Emergency Ebola Appropriations

In addition to non-emergency L-HHS-ED appropriations, the omnibus also provided \$2.7 billion in emergency-designated funding to HHS in response to the Ebola outbreak in Africa (see Division G, Title VI).⁶ These funds were distributed as follows:

- \$1.8 billion to the Centers for Disease Control and Prevention (CDC) for activities to enhance domestic preparedness, support overseas operations to end the Ebola epidemic, and prevent the spread of Ebola and other infectious diseases;
- \$238 million to the National Institutes of Health (NIH) for clinical trials on experimental Ebola vaccines and treatments; and
- \$733 million to the Public Health and Social Services Emergency Fund, which is administered within the HHS Office of the Secretary, for drug and vaccine development and domestic hospital preparedness.⁷

⁶ This amount does not include Ebola-related funds appropriated to the HHS Food and Drug Administration (FDA) in Division A, Title VIII, of the FY2015 omnibus (P.L. 113-235). The FDA falls within the jurisdiction of the Agriculture appropriations bill, not L-HHS-ED. In addition, the amount specified above does not include \$88 million appropriated to HHS for Ebola-related activities in the first FY2015 continuing resolution (P.L. 113-164).

⁷ For more information, see CRS Report R43807, *FY2015 Funding to Counter Ebola and the Islamic State (IS)*, coordinated by Susan B. Epstein.

FY2015 Continuing Resolutions

The FY2015 omnibus followed three government-wide continuing resolutions (CRs), which had provided temporary funding earlier in the fiscal year (P.L. 113-203, P.L. 113-202, P.L. 113-164). With limited exceptions, these CRs generally funded discretionary L-HHS-ED programs at the same rate and under the same conditions as in the FY2014 omnibus (P.L. 113-76), minus an across-the-board reduction of 0.0554%. Mandatory programs covered by these CRs were generally continued at current law levels, less sequestration (where applicable).

The first FY2015 CR (P.L. 113-164) included several special provisions for L-HHS-ED. Of particular note, this CR provided \$88 million in new non-emergency discretionary appropriations to HHS in response to the Ebola outbreak in West Africa, including \$30 million for the CDC Global Health Fund and \$58 million for the Public Health and Social Services Emergency Fund within the Office of the Secretary.

Congressional Actions on a Stand-Alone L-HHS-ED Bill

FY2015 Action in the Senate

On June 10, 2014, the Senate L-HHS-ED Subcommittee approved an FY2015 bill by voice vote. The bill was not marked up by the full committee, but on July 24, the Senate Appropriations Committee released a copy of the subcommittee-approved bill and draft subcommittee report.⁸ These draft materials suggest that the subcommittee-approved bill would have provided \$167 billion in discretionary funding for L-HHS-ED. This is about 2% more than the comparable FY2014 funding level and the FY2015 President's request. In addition, the Senate subcommittee-approved bill would have provided an estimated \$681 billion in mandatory funding, for a combined total of nearly \$848 billion for L-HHS-ED as a whole.

FY2015 Action in the House

The House did not hold a subcommittee or full committee markup for a stand-alone FY2015 L-HHS-ED appropriations bill. However, on September 15, 2014, Representative Rosa DeLauro, ranking Member of the House Appropriations L-HHS-ED Subcommittee, introduced an FY2015 L-HHS-ED bill (H.R. 5464). As this bill was not taken up by the subcommittee, it is not discussed further in this report.

FY2015 President's Budget Request

On March 4, 2014, the Obama Administration released the FY2015 President's budget. The President requested \$164 billion in discretionary funding for accounts funded by the L-HHS-ED bill (0.2% more than comparable FY2014 levels). In addition, the President's budget requested roughly \$681 billion in annually appropriated mandatory funding, for a total of roughly \$846 billion (6% more than comparable FY2014 levels) for the L-HHS-ED bill as a whole.

Conclusion of the FY2014 Appropriations Process

On January 17, 2014, President Obama signed into law the Consolidated Appropriations Act, 2014 (P.L. 113-76), providing omnibus appropriations for FY2014 (see Division H for L-HHS-

⁸ See the Senate subcommittee's FY2015 draft materials at <http://www.appropriations.senate.gov/news/fy15-lhhs-subcommittee-reported-bill-and-draft-report>.

ED). This law provided \$164 billion in discretionary funding for L-HHS-ED. In addition, the FY2014 omnibus provided an estimated \$636 billion in mandatory L-HHS-ED funding, for a total of \$800 billion for L-HHS-ED as a whole.

Summary of FY2015 L-HHS-ED Appropriations

Dollars and Percentages in this Report

Funding totals displayed in this report are typically rounded to the nearest million or billion (as labeled). Dollar changes and percent changes discussed in the text of this report are based on unrounded amounts.

Funding levels in this report are generally drawn from (or estimated based on) amounts displayed in the draft report accompanying the Senate subcommittee-approved FY2015 L-HHS-ED bill, the joint explanatory statement accompanying the FY2015 omnibus, or publicly available agency operating plans or budget materials.

In general, amounts shown as FY2014 “comparable” reflect transfers and reprogramming that occurred during the fiscal year, as well as sequestration of nonexempt mandatory spending programs, where applicable. However, for consistency with source materials, the FY2015 proposed and enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Finally, for consistency with source materials, most department and bill totals shown in this report exclude emergency Ebola funds appropriated to HHS by the FY2015 omnibus (Division G, Title VI), as well as Ebola-related funds provided by the first FY2015 CR (P.L. 113-164).

Table 2 displays the total amount of FY2015 discretionary and mandatory L-HHS-ED funding provided or proposed, by title, as well as comparable FY2014 funding levels. The amounts shown in this table reflect total budget authority provided in the bill (i.e., all funds appropriated in the current bill, regardless of the fiscal year in which the funds become available), not total budget authority available for the current fiscal year. (For a comparable table showing current-year budget authority, see **Table A-2** in the **Appendix**.)

Table 2. L-HHS-ED Appropriations Overview by Bill Title, FY2014-FY2015

(Total budget authority provided in the bill, in billions)

Bill Title	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Title I: Labor	14.12	13.60	13.48	13.35
Discretionary	12.04	12.20	12.09	11.95
Mandatory	2.07	1.40	1.40	1.40
Title II: HHS	645.80	690.01	693.85	691.70
Discretionary	70.75	69.29	73.13	70.97
Mandatory	575.06	620.72	620.72	620.72
Title III: Education	70.37	71.92	70.87	70.47
Discretionary	67.30	68.59	67.53	67.14
Mandatory	3.06	3.34	3.34	3.34
Title IV: Related Agencies	70.11	70.24	70.18	70.05
Discretionary	14.06	14.40	14.31	14.18
Mandatory	56.05	55.84	55.87	55.87
Total BA in the Bill	800.40	845.77	848.38	845.56

Bill Title	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Discretionary	164.16	164.48	167.06	164.23
Mandatory	636.24	681.29	681.32	681.33
Title VI: Ebola (emergency)^a	-	-	-	2.74
Memoranda:				
Advances for Future Years (provided in current bill) ^b	151.46	160.77	160.77	160.77
Advances from Prior Years (for use in current year) ^b	153.79	151.46	151.46	151.46
Additional Scorekeeping Adjustments ^c	-6.44	-5.31	-8.80	-5.99

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills. FY2015 enacted totals do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235). No amounts are shown for Title V, because this title consists solely of general provisions.

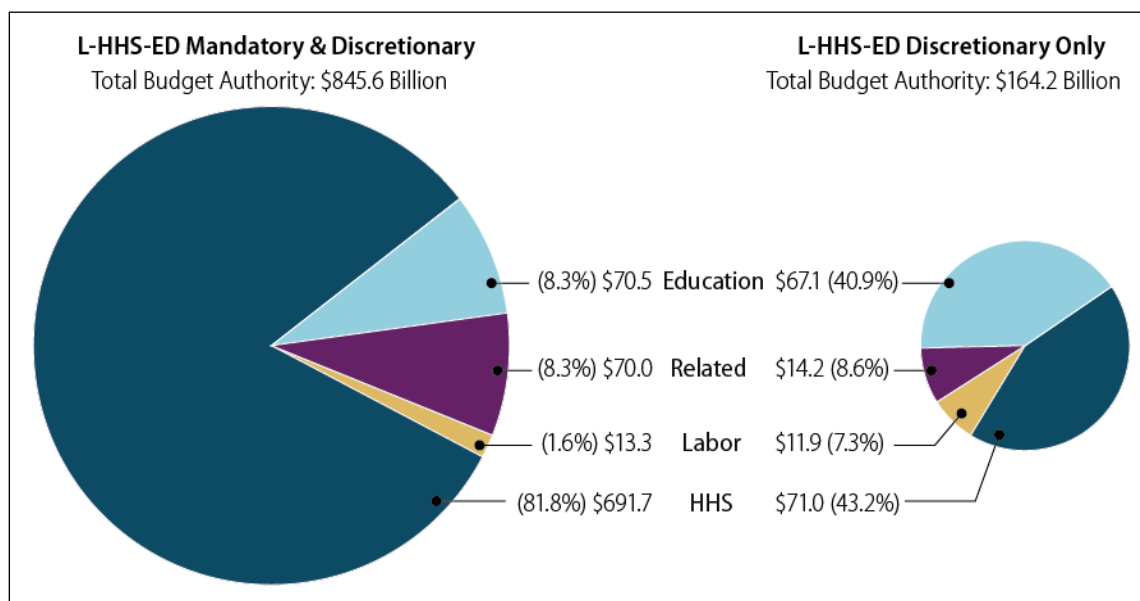
- a. Total does not include \$88 million appropriated to HHS for Ebola-related activities in the first FY2015 CR.
- b. Totals in this table are based on budget authority provided in the bill (i.e., they exclude advance appropriations from prior bills and include advance appropriations from this bill made available in future years). The calculation for total budget authority available in the current year is as follows: Total BA in the Bill minus Advances for Future Years plus Advances from Prior Years.
- c. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

When taking into account both mandatory and discretionary funding (non-emergency), HHS received roughly 82% of total L-HHS-ED appropriations in FY2015 (see **Figure 2**). This is largely due to the sizable amount of mandatory funds included in the HHS appropriation, the majority of which is for Medicaid grants to states and payments to health care trust funds. After HHS, ED and the Related Agencies represent the next-largest shares of total L-HHS-ED funding, accounting for about 8% apiece in FY2015. The majority of the appropriations for ED are discretionary, while the bulk of funding for the Related Agencies goes toward mandatory payments and administrative costs of the Supplemental Security Income program at the Social Security Administration. Finally, DOL accounts for the smallest share of total L-HHS-ED funds: roughly 2% in FY2015.

When looking only at discretionary appropriations (non-emergency), however, the overall composition of L-HHS-ED funding is noticeably different (see **Figure 2**). HHS accounts for a comparatively smaller share of total discretionary appropriations (43% in FY2015), while ED

accounts for a relatively larger share (41% in FY2015). Together, these two departments represent the majority (84%) of discretionary L-HHS-ED appropriations in FY2015. Meanwhile, DOL and Related Agencies combine to account for a roughly even split of the remaining 16% of discretionary L-HHS-ED funds in FY2015.

Figure 2. FY2015 Omnibus L-HHS-ED Appropriations, by Title



Source: Amounts are estimated by CRS based on data provided in the joint explanatory statement accompanying the FY2015 omnibus (P.L. 113-235). For consistency with source materials, the FY2015 enacted levels do not reflect sequestration for nonexempt mandatory spending programs, where applicable, or any transfers or reprogramming of funds that may have occurred pursuant to executive authorities. Totals do not include emergency Ebola funds appropriated to HHS in Division G, Title VI.

Notes: Details may not add to totals due to rounding. Amounts in this table (1) reflect all budget authority appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills.

Department of Labor (DOL)

Note that all figures in this section are based on regular L-HHS-ED appropriations only; they do not include funds provided outside of the annual appropriations process (e.g., direct appropriations for Unemployment Insurance benefits payments). All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes discussed in the text are based on unrounded amounts.

About DOL

DOL is a federal department comprised of multiple entities that provide services related to employment and training, worker protection, income security, and contract enforcement. Annual L-HHS-ED appropriations laws direct funding to all DOL entities (see box for all entities supported by the L-HHS-ED bill).¹⁰ The DOL entities fall primarily into two main functional areas—workforce development and worker protection. First, there are several DOL entities that administer workforce employment and training programs, such as the Workforce Innovation and Opportunity Act (WIOA) state formula grant programs, Job Corps, and the Employment Service, that provide direct funding for employment activities or administration of income security programs (e.g., for the Unemployment Insurance benefits program).¹¹ Also included in this area is the Veterans’ Employment and Training Service (VETS), which provides employment services specifically for the veteran population. Second, there are several agencies that provide various worker protection services. For example, the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), and the Wage and Hour Division (WHD) provide different types of regulation and oversight of working conditions. DOL entities focused on worker protection provide services to ensure worker safety, adherence to wage and overtime laws, and contract compliance, among other duties. In addition to these two main functional areas, DOL’s Bureau of Labor Statistics (BLS) collects data and provides analysis on the labor market and related labor issues.

DOL Entities Funded via the L-HHS-ED Appropriations Process

Employment and Training Administration (ETA)
Employee Benefits Security Administration (EBSA)
Wage and Hour Division (WHD)
Office of Federal Contract Compliance Programs (OFCCP)
Office of Labor-Management Standards (OLMS)
Office of Workers’ Compensation Programs (OWCP)
Occupational Safety and Health Administration (OSHA)
Mine Safety and Health Administration (MSHA)
Bureau of Labor Statistics (BLS)
Office of Disability Employment Policy (ODEP)
Departmental Management (DM)⁹

FY2015 DOL Appropriations Overview

The FY2015 omnibus provided roughly \$13.35 billion in combined mandatory and discretionary funding for DOL. This is about \$772 million (-5.5%) less than the comparable FY2014 funding level and \$250 million (-1.8%) less than the FY2015 President’s request. (See **Table 3.**) Of the total provided for DOL in the FY2015 omnibus, roughly \$11.95 billion (90%) is discretionary. This amount is \$98 million (-0.8%) less than the comparable FY2014 discretionary funding level and \$255 million (-2.1%) less than the discretionary total requested in the FY2015 President’s budget.

⁹ Departmental Management includes the Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

¹⁰ The Pension Benefit Guaranty Corporation (PBGC) is funded primarily through insurance premiums and related fees from companies covered by the PBGC.

¹¹ The Workforce Innovation and Opportunity Act (WIOA; P.L. 113-128) became law in July 2014 and reauthorized many of the programs previously authorized by WIA. Most of the provisions in WIOA are scheduled to be implemented starting July 1, 2015.

Table 3. DOL Appropriations Overview

(Dollars in billions)

Funding	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Discretionary	12.04	12.20	12.09	11.95
Mandatory	2.07	1.40	1.40	1.40
Total BA in the Bill	14.12	13.60	13.48	13.35

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills.

Selected DOL Highlights

The following are some DOL highlights from the FY2015 omnibus compared to comparable FY2014 funding levels and proposed funding levels from the FY2015 President's budget.¹²

Employment and Training Administration (ETA)

The main functions of ETA are administering the major federal workforce development programs and providing support for state operations of the unemployment insurance system. Readers should be aware that in July 2014, the President signed into law the Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128). This law replaced and updated the majority of programs previously authorized under the Workforce Investment Act of 1998 (WIA, P.L. 105-220), as amended.

The FY2015 omnibus provided \$4.8 billion for programs authorized under Title I of the WIOA, which is \$38 million more than the comparable FY2014 funding level for WIA predecessor programs. The FY2015 omnibus also superseded a WIOA provision related to the statutory limit for the governors' reserve of WIOA state formula grants. Under the WIOA, this limit is set at 15% of the total received from the three state formula grants—Adult, Youth, and Dislocated Workers. However, the FY2015 omnibus lowered this reserve limit to 10% of the WIOA state formula grants.¹³

The FY2015 omnibus provided the Secretary of Labor the authority to transfer up to 10% of the funds appropriated for the WIOA Dislocated Workers' National Reserve to provide technical

¹² DOL budget materials can be found at <http://www.dol.gov/dol/aboutdol/#budget>.

¹³ The statutory limit in WIA was also 15%, but the FY2011 appropriations law reduced this to 5% and the FY2012 and FY2013 appropriations laws maintained the 5% limitation. The FY2014 law increased this reserve to 8.75% of the WIA state formula grant funds.

assistance and other activities related to the transition from the WIA to the WIOA, the provisions of which mostly take effect July 1, 2015.

The joint explanatory statement accompanying the FY2015 omnibus required the Secretary of Labor to submit semiannual updates to the House and the Senate Committees on Appropriations on the Department of Labor's progress on implementing recent DOL Office of Inspector General's (OIG) recommendations that cover financial management and controls for the Job Corps program.¹⁴

The FY2015 omnibus continued a provision from the FY2014 appropriations law allowing the Secretary of Labor to reserve up to 0.5% of each appropriation made available in certain accounts for the purpose of program evaluation, rather than providing a specific appropriation of funds for this purpose.¹⁵

Wage and Hour Division

The FY2015 omnibus altered the Fair Labor Standards Act (FLSA) with respect to overtime provisions for certain workers. In general, Section 207 of the FLSA requires that employees working more than 40 hours per week be compensated at one-and-a-half times the regular rate of pay. However, the omnibus will exclude certain insurance claims adjusters from these overtime provisions for a period of two years following the occurrence of a major disaster.

Bureau of Labor Statistics (BLS)

The joint explanatory statement accompanying the FY2015 omnibus directed BLS to report, within 180 days of enactment of the law, to the House and the Senate Committees on Appropriations on ways that collecting and reporting data for Metropolitan Statistical Areas within the Current Employment Statistics program can be improved. The law also required BLS to estimate the costs associated with such improvements.

Table 4. Detailed DOL Appropriations

(Dollars in millions)

Agency or Selected Program	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
ETA—Mandatory	1,209	711	711	711
ETA—Discretionary	9,120	9,161	9,115	9,014
<u>Discretionary ETA Programs:</u>				
Training and Employment Services:	3,149	3,256	3,142	3,140
Adult Activities Grants to States	766	766	777	777
Youth Activities Grants to States	820	820	832	832

¹⁴ The OIG reports are No. 22-13-015-03-370 (May 31, 2013) and No. 26-14-001-03-370 (April 29, 2014).

¹⁵ These accounts include Training and Employment Services, Office of Job Corps, Community Service Employment for Older Americans, State Unemployment Insurance and Employment Service Operations, Employee Benefits Security Administration, Office of Workers' Compensation Programs, Wage and Hour Division, Office of Federal Contract Compliance Programs, Office of Labor Management Standards, Occupational Safety and Health Administration, Mine Safety and Health Administration, Departmental Management (for the Bureau of International Affairs and the Women's Bureau only), and Veterans Employment and Training.

Agency or Selected Program	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Dislocated Worker Activities (DWA) Grants to States	1,002	1,002	1,016	1,016
<u>Federally Administered Programs:</u>	475	501	432	430
DWA National Reserve	221	221	221	221
Native Americans	46	46	47	46
Migrant and Seasonal Farmworkers	82	82	83	82
Women in Apprenticeship	1	0	1	1
YouthBuild	78	78	80	80
Workforce Innovation Fund	47	60	0	0
Sector Strategies	0	15	0	0
<u>National Activities:</u>	86	166	86	86
Reintegration of Ex-Offenders	80	80	80	82
Workforce Data Quality Initiative	6	6	6	4
WIA/WIOA Incentive Grants	0	80	0	0
Job Corps	1,688	1,688	1,700	1,688
Community Service Employment for Older Americans ^a	434	380	434	434
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESO):</u>	3,698	3,676	3,676	3,597
Unemployment Compensation	2,892	2,870	2,870	2,791
Employment Service	684	684	684	684
Foreign Labor Certification	62	62	62	62
One-Stop Career Centers	60	60	60	60
State Paid Leave Fund	0	5	5	0
ETA Program Administration	151	156	157	155
Employee Benefits Security Administration	179	188	183	181
Pension Benefit Guaranty Corp, program level (non-add)	(497)	(415)	(415)	(415)
Wage and Hour Division	224	266	237	228
Office of Labor-Management Standards	39	41	40	39
Office of Federal Contract Compliance Programs	105	108	106	106
Office of Workers' Compensation Programs—Mandatory	866	686	686	691
Office of Workers' Compensation Programs—Discretionary	112	115	114	113
Occupational Safety & Health Administration	552	565	557	553
Mine Safety & Health Administration	376	377	376	376
Bureau of Labor Statistics	592	610	602	592

Agency or Selected Program	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Office of Disability Employment Policy	38	38	42	39
Departmental Management	707	731	713	705
Salaries and Expenses	337	346	341	338
<i>International Labor Affairs (non-add)</i>	<i>(91)</i>	<i>(91)</i>	<i>(91)</i>	<i>(91)</i>
Veterans Employment and Training	270	270	270	270
IT Modernization	20	31	20	15
Office of the Inspector General	80	84	82	82
Total, DOL BA in the Bill	14,118	13,596	13,482	13,347
Subtotal, Mandatory	2,074	1,396	1,396	1,401
Subtotal, Discretionary	12,044	12,200	12,086	11,945
Memoranda				
Total, BA Available in Fiscal Year (current year from any bill)	14,134	13,599	13,485	13,350
Total, BA Advances for Future Years (provided in current bill)	1,796	1,793	1,793	1,793
Total, BA Advances from Prior Years (for use in current year)	1,812	1,796	1,796	1,796

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills. Non-add amounts are displayed in italics and parentheses; these amounts are not part of the appropriations totals.

- a. This program is currently administered by DOL. The FY2015 President's budget proposed transferring the program to HHS, but the Senate subcommittee-approved bill and the FY2015 omnibus rejected this.

Department of Health and Human Services (HHS)

Note that all figures in this section are based on regular L-HHS-ED appropriations only; they do not include funds for HHS agencies provided through other appropriations bills (e.g., funding for the Food and Drug Administration) or outside of the annual appropriations process (e.g., direct appropriations for Medicare or pre-appropriated mandatory funds provided by authorizing laws, such as the Patient Protection and Affordable Care Act (ACA, P.L. 111-148)).¹⁶ All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes discussed in the text are based on unrounded amounts.

About HHS

HHS is a sprawling federal department comprised of multiple agencies working to enhance the health and well-being of Americans. Annual L-HHS-ED appropriations laws direct funding to most (but not all) HHS agencies (see box, below, for all agencies supported by the L-HHS-ED bill).¹⁷ For instance, the L-HHS-ED bill directs funding to five Public Health Service (PHS) agencies: the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA), and Agency for Healthcare Research and Quality (AHRQ).¹⁸ These public health agencies support diverse missions, ranging from the provision of health care services and supports (e.g., HRSA, SAMHSA), to the advancement of health care quality and medical research (e.g., AHRQ, NIH), to the prevention and control of infectious and chronic diseases (e.g., CDC). In addition, the L-HHS-ED bill provides funding for annually appropriated components of CMS,¹⁹ which is the HHS agency responsible for the administration of Medicare, Medicaid, and the State Children's Health Insurance Program (CHIP), and consumer protections and private health insurance provisions of the ACA. The L-HHS-ED bill also provides funding for two HHS agencies focused primarily on the provision of social services: the Administration for Children and Families (ACF) and the Administration for Community

HHS Agencies Funded via the L-HHS-ED Appropriations Process

Health Resources and Services Administration (HRSA)
Centers for Disease Control and Prevention (CDC)
National Institutes of Health (NIH)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Agency for Healthcare Research and Quality (AHRQ)
Centers for Medicare & Medicaid Services (CMS)
Administration for Children and Families (ACF)
Administration for Community Living (ACL)
Office of the Secretary (OS)

¹⁶ The ACA was subsequently amended by the Health Care and Education Reconciliation Act (P.L. 111-152). These two laws are collectively referred to as the ACA in this report. (Previous CRS reports on the Patient Protection and Affordable Care Act used the acronym PPACA to refer to the statute, but newer reports will use "ACA," in conformance with the more widely used acronym for the law.) For information on funding directly appropriated by the ACA, see the tables in CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*, by C. Stephen Redhead.

¹⁷ Three HHS public health agencies receive annual funding from appropriations bills other than the L-HHS-ED bill: the Food and Drug Administration (Agriculture appropriations bill), the Indian Health Service (Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (Interior-Environment appropriations bill).

¹⁸ For more information on HHS PHS agencies, see CRS Report R43304, *Public Health Service Agencies: Overview and Funding*, coordinated by C. Stephen Redhead.

¹⁹ Much of the funding for CMS activities is directly appropriated in authorizing legislation, and thus is not subject to the annual appropriations process.

Living (ACL). ACF's mission is to promote the economic and social well-being of vulnerable children, youth, families, and communities. ACL was formed with a goal of increasing access to community supports for older Americans and people with disabilities. Notably, ACL is a relatively new agency within HHS—it was established in April 2012 and brings together the Administration on Aging, the Office of Disability, and the Administration on Developmental Disabilities (renamed the Administration on Intellectual and Developmental Disabilities) into one agency.²⁰ Finally, the L-HHS-ED bill also provides funding for the HHS Office of the Secretary (OS), which encompasses a broad array of management, research, oversight, and emergency preparedness functions in support of the entire department.

FY2015 HHS Appropriations Overview

The FY2015 omnibus provided roughly \$692 billion in combined mandatory and discretionary funding for HHS (not counting emergency Ebola-related funding). This is about \$45.89 billion (+7.1%) more than the comparable FY2014 funding level and \$1.68 billion (+0.2%) more than the FY2015 request. (See **Table 5**.) Of the total provided for HHS in the FY2015 omnibus, roughly \$70.97 billion (10%) is discretionary. This amount is \$227 million (+0.3%) more than the comparable FY2014 discretionary funding level and \$1.68 billion (+2.4%) more than the discretionary total requested in the FY2015 President's budget.

Table 5. HHS Appropriations Overview

(Dollars in billions)

Funding	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Discretionary	70.75	69.29	73.13	70.97
Mandatory	575.06	620.72	620.72	620.72
Total BA in the Bill	645.80	690.01	693.85	691.70
Title VI Ebola (emergency)	-	-	-	2.74

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills. FY2015 enacted totals do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235).

Annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounted for roughly 88% of all HHS

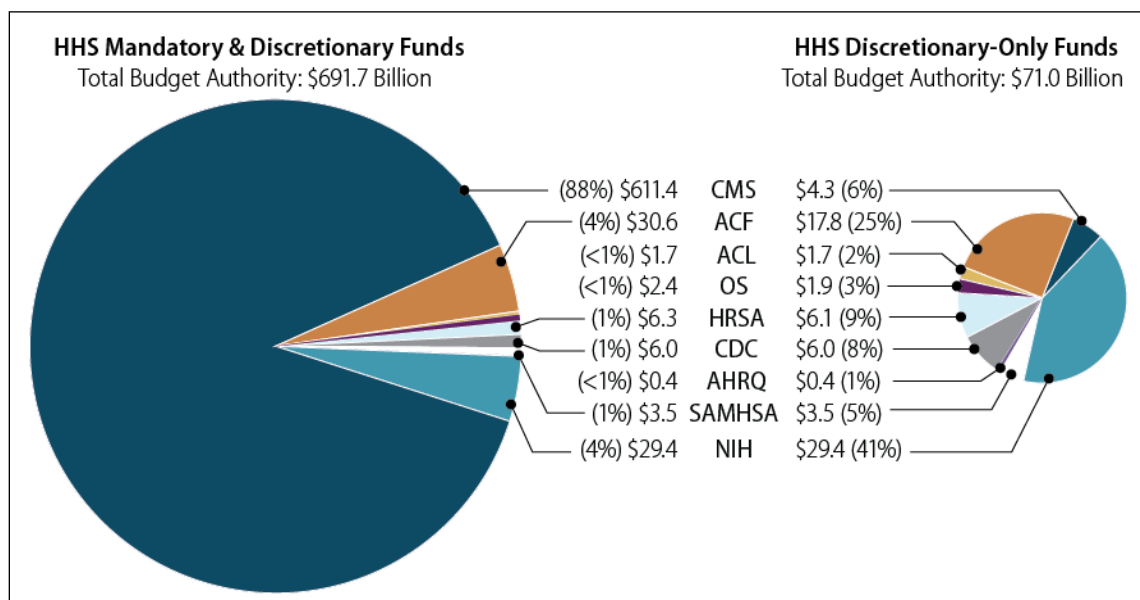
²⁰ See the HHS Secretary's press release from April 16, 2012: <http://www.hhs.gov/news/press/2012pres/04/20120416a.html>. For more information on the ACL, see <http://www.hhs.gov/acl/>.

appropriations in FY2015. ACF and NIH accounted for the next-largest shares of total HHS appropriations, receiving 4% apiece in FY2015.

By contrast, when looking exclusively at discretionary appropriations, CMS constituted only 6% of HHS funding in FY2015. Instead, the bulk of discretionary appropriations went to the PHS agencies, which combined to account for 63% in FY2015. NIH typically receives the largest share of all discretionary funding among HHS agencies (41% in FY2015), with ACF accounting for the second-largest share (25% in FY2015).

See **Figure 3** for an agency-level breakdown of HHS appropriations (combined mandatory and discretionary) in the FY2015 omnibus.

Figure 3. FY2015 Omnibus Appropriations to HHS by Agency



Source: Amounts are estimated by CRS based on data provided in the joint explanatory statement accompanying the FY2015 omnibus (P.L. 113-235). For consistency with source materials, the FY2015 enacted levels do not reflect sequestration for nonexempt mandatory spending programs, where applicable, or any transfers or reprogramming of funds that may have occurred pursuant to executive authorities. Totals do not include emergency Ebola funds appropriated to HHS in Division G, Title VI.

Notes: Details may not add to totals due to rounding. Amounts in this figure (1) reflect all budget authority appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds proposed for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills.

Selected HHS Highlights

This section discusses several important aspects of discretionary HHS appropriations. First, it provides an introduction to two special funding mechanisms included in the public health budget, the Public Health Service Evaluation Set-Aside and the Prevention and Public Health Fund. Next, it reviews a limited selection of FY2015 discretionary funding highlights across HHS. The section concludes with a brief overview of significant provisions from annual HHS appropriations laws that restrict spending in certain controversial areas, such as abortion and stem cell research.

Public Health Service Evaluation Tap

The Public Health Service (PHS) Evaluation Set-Aside, also known as the PHS Evaluation Tap, is a unique feature of HHS appropriations. The Evaluation Tap, which is authorized by Section 241 of the Public Health Service Act, allows the Secretary of HHS, with the approval of appropriators, to redistribute a portion of eligible PHS agency appropriations across HHS for program evaluation purposes. The Public Health Service Act limits the set-aside to 1% of eligible program appropriations. However, in recent years, L-HHS-ED appropriations laws have established a higher maximum percentage for the set-aside and have distributed specific amounts of “tap” funding to selected HHS programs. The FY2015 omnibus maintained the set-aside level at 2.5% of eligible appropriations, the same percentage as FY2014, and rejected the FY2015 President’s budget proposal to increase the set-aside to 3.0%.²¹

Traditionally, the tap has provided more than a dozen HHS programs with funding beyond their regular appropriations and, in some cases, it has been the sole source of funding for a program or activity. However, the FY2015 omnibus broke with recent precedents on the distribution of tap funds in several ways. For instance, the omnibus directed tap funds to only about a half dozen programs or activities within just three HHS agencies (NIH, SAMHSA, and OS). Moreover, unlike years past, the omnibus directed the largest share of tap transfers (\$715 million) to NIH. While NIH is by far the largest “donor” of tap funds (the agency’s annual discretionary appropriations exceed that of all the other PHS agencies combined), it has historically received a relatively small share of funding from the tap. The joint explanatory statement accompanying the FY2015 omnibus explains that this shift is to ensure that tap transfers are a “net benefit to NIH rather than a liability” and notes that this change is in response to a “growing concern” at the loss of NIH funds to the tap.²²

Readers should note that, by convention, tables in this report show only the amount of PHS Evaluation Tap funds *received* by an agency (i.e., tables do not subtract the amount of the evaluation tap from donor agencies’ appropriations). That is to say, tap amounts shown in the following tables are *in addition* to amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.

Prevention and Public Health Fund

The ACA authorized and directly appropriated mandatory funding for three multi-billion dollar trust funds to support programs and activities within the PHS agencies.²³ One of these, the Prevention and Public Health Fund (PPHF, ACA Section 4002, as amended), is intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts.²⁴ For FY2015, the ACA directly appropriated \$2 billion in mandatory funds to the PPHF, but this amount was later reduced to \$1 billion by the Middle Class Tax Relief and Job Creation Act of 2012 (P.L. 112-96), which decreased total PPHF appropriations by \$6.25 billion over the course of FY2013-FY2021. In addition, the FY2015 PPHF appropriation was

²¹ See §205 of P.L. 113-235, Division G, for the FY2015 set-aside level.

²² Joint Explanatory Statement, Proceedings and Debates of the 113th Congress, Second Session, *Congressional Record*, vol. 160, no. 151, Book II, December 11, 2014, p. H9832.

²³ For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*, by C. Stephen Redhead.

²⁴ For more information about the PPHF, see Appendix C in CRS Report R43304, *Public Health Service Agencies: Overview and Funding*, coordinated by C. Stephen Redhead.

further reduced by 7.3% due to sequestration of nonexempt mandatory spending (see budget enforcement discussion in the **Appendix**).

PPHF funds are intended to supplement (sometimes quite substantially) the funding that selected programs receive through regular appropriations, as well as to fund new programs, particularly those newly authorized in the ACA. The Administration's annual budget request sets out the intended distribution and use of PPHF funds for that fiscal year. The ACA instructs the Secretary to transfer amounts from the PPHF to agencies for prevention, wellness, and public health activities. The funds are available to the Secretary at the beginning of each fiscal year. For FY2014 and FY2015, Congress explicitly directed the Secretary to distribute PPHF funds to specific accounts, in specified amounts.²⁵ Similar to prior years, most of the FY2015 distribution (\$887 million) was provided to CDC, including \$210 million for Immunization and Respiratory Diseases and \$452 million for Chronic Disease Prevention and Health Promotion.

HHS Highlights by Agency

The discussion below reviews a limited selection of FY2015 discretionary funding highlights for programs supported by the HHS agencies funded in the L-HHS-ED bill. The discussion is largely based on the FY2015 omnibus, compared to comparable FY2014 funding levels and proposed funding levels from the FY2015 President's budget.²⁶

HRSA

The FY2015 omnibus provided \$6.1 billion in discretionary funding for HRSA. This amount is \$64 million (+1.1%) more than HRSA's comparable FY2014 funding level and \$812 million (+15.3%) more than the FY2015 President's request. Consistent with recent practice, the FY2015 omnibus did not provide funding for the National Health Service Corps (NHSC); instead, the NHSC has been supported with funds that were authorized and directly appropriated by the ACA.²⁷ The omnibus provided \$265 million (0.3% more than comparable FY2014 levels) for the Children's Hospitals Graduate Medical Education (CHGME) Payment Program, rejecting the FY2015 President's budget proposal to eliminate funding for the CHGME Payment Program and instead establish a new Targeted Support for Graduate Medical Education Program, which would have incorporated the CHGME program.

CDC

The FY2015 omnibus provided \$6.0 billion in discretionary funding for CDC, not including emergency funding for Ebola. This amount is \$177 million (+3.1%) more than CDC's comparable FY2014 funding level and \$568 million (+10.5%) more than the FY2015 President's request. The omnibus increased discretionary budget authority for several CDC programs and activities including Injury Prevention and Control (13.3% more than FY2014) and Emerging and

²⁵ See, for FY2015, Explanatory Statement Submitted by Mr. Rogers of Kentucky Regarding H.R. 83, Division G—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2015, General Provisions, "Prevention and Public Health Transfer Table," *Congressional Record*, vol. 160 (December 11, 2014), p. H9839.

²⁶ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

²⁷ The NHSC has not received discretionary appropriations in the L-HHS-ED bill since FY2011. Mandatory ACA funding for the NHSC is transferred from the Community Health Center Fund. See ACA §10503(a)-(b). The FY2015 President's budget requested additional mandatory funds for the NHSC, but this proposal was not enacted by the FY2015 omnibus. For more information, see CRS Report R43920, *National Health Service Corps: Changes in Funding and Impact on Recruitment*, by Bernice Reyes-Akinbileje.

Zoonotic Diseases (4.5% more than FY2014). Notably, in a break from recent years' practice, the FY2015 omnibus did not direct any PHS tap funds to CDC (\$211 million less than FY2014). However, the joint explanatory statement accompanying the omnibus allocated CDC its largest share of PPHF funds to date: \$887 million (14.8% more than FY2014). In some cases, the elimination of PHS evaluation tap transfers to particular CDC activities was offset by increases in budget authority or PPHF transfers. For instance, the omnibus appropriated \$335 million (\$115 million, or 52.0%, more than comparable FY2014 levels) in discretionary budget authority for the National Institute for Occupational Safety and Health, which more than offset the elimination of \$112 million in tap transfers.

In addition to the funds above, CDC received \$1.8 billion in emergency-designated Ebola funding in Division G, Title VI of the FY2015 omnibus, as well as \$30 million in non-emergency Ebola funds from the first FY2015 CR.²⁸ These funds were provided in response to the Ebola outbreak in West Africa and are intended to support domestic preparedness activities and overseas operations to end the Ebola epidemic and prevent the spread of Ebola or other infectious diseases.

NIH

The FY2015 omnibus provided \$29.4 billion in discretionary budget authority for NIH, not including emergency funding for Ebola. This is \$476 million (-1.6%) less than the comparable FY2014 funding level for NIH and nearly \$757 million (-2.5%) less than the FY2015 President's request. Notably, the FY2015 omnibus augmented NIH's budget authority with \$715 million in transfers from the PHS Evaluation Tap (\$707 million more than FY2014) and directed this entire amount to one NIH institute, the National Institute of General Medical Sciences (NIGMS). The PHS Evaluation Tap transfer to NIGMS offset a decrease of \$709 million in the institute's discretionary budget authority compared to FY2014.

In addition to the funds above, NIH received \$238 million in emergency Ebola funding in Division G, Title VI, of the FY2015 omnibus.²⁹ These funds were provided in response to the Ebola outbreak in West Africa and are intended to support clinical trials on experimental Ebola vaccines and treatments.

SAMHSA

The FY2015 omnibus provided \$3.5 billion in discretionary budget authority for SAMHSA. This is nearly \$49 million (+1.4%) more than SAMHSA's comparable FY2014 funding level and \$176 million (+5.3%) more than the FY2015 President's request. The omnibus augmented total SAMHSA funding with \$134 million (0.8% more than comparable FY2014 levels) in transfers from the PHS Evaluation Tap, spreading these transfers across four SAMHSA programs and activities. The joint explanatory statement accompanying the omnibus directed \$362 million in discretionary budget authority to SAMHSA's Substance Abuse Treatment Programs of Regional and National Significance (PRNS). This represents an increase of \$51 million (+16.3%) from comparable FY2014 levels, roughly offsetting the elimination of congressionally directed PPHF transfers to the Substance Abuse PRNS in FY2015 (\$50 million less than comparable FY2014). The FY2015 omnibus retained provisions, first instituted in the FY2014 omnibus, authorizing SAMHSA to collect user fees for certain costs of publications, data, and data analysis.

²⁸ For more information, see CRS Report R43807, *FY2015 Funding to Counter Ebola and the Islamic State (IS)*, coordinated by Susan B. Epstein; and CRS Report IN10148, *H.J.Res. 124, the FY2015 Continuing Resolution*, by Jessica Tollestrup.

²⁹ For more information, see CRS Report R43807, *FY2015 Funding to Counter Ebola and the Islamic State (IS)*, coordinated by Susan B. Epstein.

AHRQ

The FY2015 omnibus provided \$364 million in discretionary budget authority for AHRQ. (The omnibus provided no PHS Evaluation Tap funds for AHRQ in FY2015.) The FY2015 appropriation of \$364 million is the same amount AHRQ received in *PHS Evaluation Tap transfers* in FY2014 and is \$30 million (+8.9%) more than the FY2015 President's request for PHS Evaluation Tap transfers to AHRQ. The joint explanatory statement accompanying the omnibus directed the majority of AHRQ's discretionary budget authority (\$229 million) toward research on health costs, quality, and outcomes.

Notably, this is the first time since FY2002 that an annual L-HHS-ED bill has provided discretionary appropriations for AHRQ. Between FY2003 and FY2014, AHRQ's only discretionary appropriation was a special one-time funding in the American Recovery and Reinvestment Act of 2009 (ARRA, P.L. 111-5). Instead, funding for AHRQ's programs has been generally provided by transfers from other sources, including the PHS Evaluation Tap, the PPHF, and another mandatory trust fund established by the ACA.³⁰

CMS

The FY2015 omnibus provided \$4.3 billion in discretionary budget authority for CMS. This is \$45 million (-1%) less than the comparable FY2014 funding level for CMS and nearly \$177 million (-4%) less than the FY2015 President's request. The omnibus appropriated \$672 million for Health Care Fraud and Abuse Control (HCFAC) activities (130% more than comparable FY2014 levels). Of the total amount appropriated for HCFAC, \$361 million was provided through a budget cap adjustment authorized by the Balanced Budget and Emergency Deficit Control Act of 1985, as amended. Meanwhile, the Program Management account received by far the largest share of discretionary CMS appropriations, \$3.7 billion (10% less than comparable FY2014 levels). These funds support program operations (e.g., claims processing, information technology investments, provider and beneficiary outreach and education, and program implementation), as well as federal administration and other activities.

Notably, the omnibus included a new general provision (Division G, Title II, §227) to prevent certain funds from being used to make risk corridor payments associated with health insurance exchanges (or marketplaces) established by the ACA. In general, a risk corridor is a mechanism for sharing financial risk (unexpectedly high gains and losses) between the federal government and insurers when market changes make estimating premiums harder for insurers. The ACA requires HHS to administer a risk corridor program for qualified health plans offered through health insurance exchanges in calendar years 2014-2016. Through this program, HHS must make payments to insurers who experience high losses, while insurers who experience high gains must remit a portion of those gains to HHS. HHS expects that this risk corridor program will be budget neutral (i.e., HHS expects that risk corridor collections from insurers will be sufficient to cover all risk corridor payments issued by HHS).³¹ However, in May 2014, HHS stated that "other sources of funding" would be used to make federal risk corridor payments for program year 2015 if collections from insurers were insufficient to cover federal payments.³² The new general provision in the FY2015 omnibus limits the sources of funding that could be used in the event of

³⁰ AHRQ received roughly \$101.3 million in mandatory funding from the Patient-Centered Outcomes Research Trust Fund (PCORTF), which was established in §6301(e) of the ACA. These funds are not provided in the annual L-HHS-ED bill.

³¹ Department of Health and Human Services, "Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond: Final Rule," 79 *Federal Register*, May 27, 2014, pp. 30240-30353.

³² *Ibid.*, p. 30260.

a funding shortfall by prohibiting HHS from making risk corridor payments with funds appropriated to the CMS Program Management account from the Federal Hospital Insurance Trust Fund or the Federal Supplemental Medical Insurance Trust Fund, or funds transferred to the Program Management account from other accounts funded by the omnibus.

ACF

The FY2015 omnibus provided \$17.8 billion in discretionary budget authority for ACF. This is nearly \$113 million (+0.6%) more than ACF's comparable FY2014 funding level and \$751 million (+4.4%) more than the FY2015 President's request. The omnibus provided nearly \$1.6 billion for Refugee and Entrant Assistance Programs (2.0% more than the comparable FY2014 level). The joint explanatory statement accompanying the omnibus expressed an expectation that the majority of these funds (\$948 million; 4% more than the comparable FY2014 level) will be directed toward the Unaccompanied Alien Children (UAC) program, which provides shelter and support services to unaccompanied alien children who have been apprehended in the United States. The increased funding for the UAC program reflects the growing number of unaccompanied alien children arriving in this country, up from about 16,100 in FY2011 to roughly 68,600 in FY2014, according to the U.S. Border Patrol.³³ In addition, the omnibus included a new provision allowing HHS to augment appropriations for the Refugee and Entrant Assistance account by up to 10% via transfers from other discretionary HHS funds. This provision is noteworthy because it is an exception from a general provision restricting transfers from augmenting the discretionary appropriations of any HHS account by more than 3%.³⁴

ACL

The FY2015 omnibus provided \$1.7 billion in discretionary budget authority for ACL. This is roughly \$18 million (+1%) more than ACL's comparable FY2014 funding level and \$9 million (-0.5%) less than the President's request.³⁵ The joint explanatory statement accompanying the omnibus called for \$8 million to be directed toward Elder Rights Support Activities (105% more than FY2014), including \$4 million for a new Elder Justice Initiative to provide competitive grants to states to test innovative approaches to preventing and responding to elder abuse. (The Administration had requested \$25 million for a stand-alone Elder Justice initiative to be funded separately from Elder Rights Support Activities.) This is the first time funds have been appropriated for activities under the Elder Justice Act, which was enacted by the ACA in 2010. In addition, the joint explanatory statement reserved \$10 million for Aging Network Support Activities (34% more than FY2014), including \$2.5 million to provide supportive services for aging Holocaust survivors in the United States.

While the omnibus rejected the FY2015 President's budget proposal to transfer the Community Service Employment for Older Americans program from DOL to HHS/ACL, it included or affirmed several new administrative requirements for ACL. For instance, the omnibus transferred funding and administrative responsibility for the Limb Loss Resource Center from CDC to ACL. Additionally, readers should be aware that the WIOA called for several programs authorized by

³³ U.S. Border Patrol sector profile for FY2011 and FY2014. For more information on the UAC program, see CRS Report R43599, *Unaccompanied Alien Children: An Overview*, by Lisa Seghetti, Alison Siskin, and Ruth Ellen Wasem.

³⁴ The general provision for HHS transfer authority can be found at Division G, Title II, §206 of P.L. 113-235.

³⁵ Readers should note that ACL was first established as an HHS agency in April 2012 and the first time funding was requested for ACL as an individual agency was in the FY2014 President's budget. Previous President's budgets included separate requests for the Administration on Aging, which is now a subcomponent of the larger ACL, along with several other offices.

the Rehabilitation Act and the Assistive Technology Act to be transferred from ED to HHS/ACL. Although the omnibus appropriated funds for these programs to ED, the law included a new general provision (Division G, Title V, §528) requiring ED to transfer funds for these programs to HHS.

Funding Restrictions Related to Certain Controversial Issues

Annual L-HHS-ED appropriations regularly contain restrictions related to certain controversial issues. For instance, annual appropriations laws generally include provisions limiting the circumstances under which L-HHS-ED funds (including Medicaid funds) may be used to pay for abortions. Under current provisions, (1) abortions may be funded only when the life of the mother is endangered or in cases of rape or incest; (2) funds may not be used to buy a managed care package that includes abortion coverage, except in cases of rape, incest, or endangerment; and (3) federal programs and state and local governments that receive L-HHS-ED funding are prohibited from discriminating against health care entities that do not provide or pay for abortions or abortion services.³⁶ Similarly, annual appropriations since FY1997 have included a provision prohibiting L-HHS-ED funds (including NIH funds) from being used to create human embryos for research purposes or for research in which human embryos are destroyed.³⁷ The FY2015 omnibus maintained each of these provisions for FY2015.³⁸

The FY2012 appropriations law reinstated a provision, removed in FY2010, prohibiting L-HHS-ED funds from being used for needle exchange programs.³⁹ This provision has been maintained in appropriations laws for each subsequent year, including FY2015.⁴⁰ The FY2012 appropriations law also expanded a provision prohibiting CDC spending on activities that advocate or promote gun control so that it applied to all HHS appropriations and added a new, broader provision prohibiting the use of any L-HHS-ED funds (plus funds transferred from the PPHF) for the promotion of gun control.⁴¹ These provisions have been maintained in appropriations laws for each subsequent year, most recently in FY2015.⁴²

The tables below provide more detailed information on FY2015 enacted funding levels for HHS, compared to FY2015 proposed and FY2014 comparable funding levels. **Table 6** presents total HHS funding levels by agency. **Table 7** presents discretionary funding levels for a selection of HHS programs, projects, or activities, by agency.

³⁶ The current provisions are commonly referred to as the Hyde and Weldon Amendments. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*, by Jon O. Shimabukuro.

³⁷ The current provision is commonly referred to as the Dickey Amendment. For additional information, see CRS Report RL33540, *Stem Cell Research: Science, Federal Research Funding, and Regulatory Oversight*, by Judith A. Johnson and Edward C. Liu.

³⁸ For continuation of the Hyde and Weldon Amendments, see §506 and §507 of P.L. 113-235, Division H. For continuation of the Dickey Amendment, see §508 of P.L. 113-235, Division G.

³⁹ See §523 of P.L. 112-74, Division F.

⁴⁰ See §521 of P.L. 113-235, Division G.

⁴¹ See §218 (HHS), and §503(c) (all L-HHS-ED, plus PPHF transfers) of P.L. 112-74, Division F.

⁴² See §217 (HHS) and §503(c) (all L-HHS-ED, plus PPHF transfers) of P.L. 113-235, Division G.

Table 6. HHS Appropriations Totals by Agency

(Dollars in millions)

Agency or Selected Program	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
HRSA	6,283	5,535	6,336	6,347
Mandatory BA	235	235	235	235
Discretionary BA	6,048	5,300	6,101	6,112
<i>Evaluation Tap Funding^a</i>	25	87	0	0
<i>PPHF^b</i>	0	0	0	0
CDC^c	5,841	5,455	6,055	6,023^d
Mandatory BA	50	55	55	55
Discretionary BA	5,791	5,400	5,999	5,968d
<i>Evaluation Tap Funding^a</i>	211	397	112	0
<i>PPHF^b</i>	831	810	887	887
NIH^c	29,845	30,126	29,651	29,369^d
Discretionary BA	29,845	30,126	29,651	29,369d
<i>Evaluation Tap Funding^a</i>	8	8	808	715
SAMHSA	3,426	3,298	3,432	3,474
Discretionary BA	3,426	3,298	3,432	3,474
<i>Evaluation Tap Funding^a</i>	133	211	134	134
<i>PPHF^b</i>	62	58	12	12
AHRQ	0	0	373	364
Discretionary BA	0	0	373	364
<i>Evaluation Tap Funding^a</i>	364	334	0	0
<i>PPHF^b</i>	7	0	0	0
CMS	567,077	611,611	611,940	611,435
Mandatory BA	562,690	607,093	607,093	607,093
Discretionary BA	4,387	4,518	4,847	4,342
ACF	29,221	29,815	31,727	30,567
Mandatory BA	11,543	12,776	12,776	12,776
Discretionary BA	17,678	17,040	18,951	17,791
<i>Evaluation Tap Funding^a</i>	6	6	0	0
ACL^e	1,656	1,682	1,676	1,673
Discretionary BA	1,656	1,682	1,676	1,673
<i>Evaluation Tap Funding^a</i>	0	13	0	0
<i>PPHF^b</i>	28	28	28	28
Office of the Secretary	2,456	2,488	2,656	2,443^d
Mandatory BA	540	562	562	562

Agency or Selected Program	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Discretionary BA	1,916	1,925	2,094	1,881 ^d
Evaluation Tap Funding ^a	114	208	65	65
PPHF ^b	0	105	0	0
Total, HHS BA in the Bill	645,805	690,011	693,847	691,695^d
Mandatory	575,059	620,721	620,721	620,721
Discretionary	70,746	69,290	73,125	70,974^d
Title VI Ebola (emergency)	-	-	-	2,742^f
CDC	-	-	-	1,771 ^f
NIH	-	-	-	238 ^f
Office of the Secretary	-	-	-	733 ^f
Memoranda				
Total, BA Available in Fiscal Year (current year from any bill)	648,518	680,201	684,037	681,885 ^e
Total, BA Advances for Future Years (provided in current bill)	106,922	116,732	116,732	116,732
Total, BA Advances from Prior Years (for use in current year)	109,636	106,922	106,922	106,922

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations (e.g., department totals do not include funding for the Food and Drug Administration, the Indian Health Service, or the Agency for Toxic Substances and Disease Registry, all of which are funded by other bills); and (4) do not include direct appropriations that occur outside of appropriations bills.

- By convention, this table shows only the amount of PHS Evaluation Tap funds received by an agency, not the amount of tap funds donated by an agency. That is to say, tap amounts shown in this table are *in addition to* amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- PPHF funds are not appropriated in the L-HHS-ED bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- Each year, CDC and NIH also receive funding in the Interior-Environment appropriations bill as part of their overall budget authority.
- These FY2015 enacted amounts do not include emergency Ebola funds provided by Division G, Title VI, of the FY2015 omnibus (P.L. 113-235) or, where applicable, Ebola-related funds provided by the first FY2015 CR (P.L. 113-64).

- e. The total shown for ACL's FY2015 request does not include funding for Community Services Employment for Older Americans (\$380 million). The Administration proposed transferring this program to ACL from DOL. However, this proposal was not adopted in the Senate subcommittee bill or the FY2015 omnibus. The total shown for FY2015 enacted does not include amounts appropriated to ED for the Rehabilitation Act and the Assistive Technology Act that are required to be transferred to HHS.
- f. The amounts shown here were appropriated as emergency funds in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235). These amounts are not included in HHS totals in this table. These amounts do not include applicable Ebola-related funds provided by the first FY2015 CR (P.L. 113-64).

Table 7. Discretionary HHS Appropriations for Selected Programs or Activities, by Agency
(Dollars in millions)

Agency or Selected Program	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
HRSA				
Community Health Centers	1,491	1,000	1,491	1,491
National Health Service Corps	0	100	0	0
Health Professions (Title VII)	82	68	58	83
Health Professions, Nursing (Title VIII)	223	162	236	232
Children's Hospitals Graduate Medical Education	264	0	265	265
Maternal & Child Health Block Grant	632	634	639	637
Autism and Other Developmental Disorders	47	47	47	47
Healthy Start	101	101	102	102
Ryan White AIDS Programs	2,288	2,298	2,313	2,319
<i>Evaluation Tap Funding^a</i>	25	25	0	0
Healthcare Systems Bureau	103	104	103	103
Rural Health Programs	142	125	144	147
Family Planning (Title X)	286	286	300	286
CDC				
Immunization and Respiratory Diseases	610	608	638	573
<i>Evaluation Tap Funding^a</i>	13	13	0	0
<i>PPHF^b</i>	160	127	160	210
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,118	1,125	1,118	1,118
<i>Evaluation Tap Funding^a</i>	0	3	0	0
Emerging and Zoonotic Infectious Diseases	338	394	352	353
<i>PPHF^b</i>	52	52	82	52
Chronic Disease Prevention and Health Promotion	740	608	749	747
<i>PPHF^b</i>	446	470	467	452
Birth Defects and Developmental Disabilities	132	62	132	132
<i>PPHF^b</i>	0	71	0	0
Public Health Scientific Services	395	378	485	481

Agency or Selected Program	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
<i>Evaluation Tap Funding^a</i>	86	95	0	0
<i>PPHF^b</i>	0	53	0	0
Environmental Health	166	132	170	166
<i>PPHF^b</i>	13	37	18	13
Injury Prevention and Control	150	189	175	170
<i>Evaluation Tap Funding</i>	0	6	0	0
National Institute for Occupational Safety and Health	220	0	220	335
<i>Evaluation Tap Funding</i>	112	281	112	0
Global Health ^c	416	464	469	417
SAMHSA				
Mental Health Programs of Regional & National Significance (PRNS)	373	312	367	367
<i>Evaluation Tap Funding^a</i>	0	5	0	0
<i>PPHF</i>	12	38	12	12
Mental Health Block Grant	462	463	462	462
<i>Evaluation Tap Funding^a</i>	21	21	21	21
Children's Mental Health	117	117	117	117
Grants to States for the Homeless	65	65	65	65
Protection and Advocacy	36	36	36	36
Substance Abuse Treatment PRNS	311	267	323	362
<i>Evaluation Tap Funding^a</i>	2	30	2	2
<i>PPHF^b</i>	50	0	0	0
Substance Abuse Block Grant	1,736	1,741	1,736	1,741
<i>Evaluation Tap Funding^a</i>	79	79	79	79
Substance Abuse Prevention PRNS	175	169	175	175
<i>Evaluation Tap Funding^a</i>	0	16	0	0
Health Surveillance and Support	150	128	152	150
<i>Evaluation Tap Funding^a</i>	30	59	31	31
<i>PPHF^b</i>	0	20	0	0
AHRQ				
Research on Health Costs, Quality, and Outcomes	0	0	238	229
<i>Evaluation Tap Funding^a</i>	231	201	0	0
<i>PPHF^b</i>	7	0	0	0
Medical Expenditure Surveys	0	0	65	65
<i>Evaluation Tap Funding^a</i>	64	64	0	0

Agency or Selected Program	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Program Support	0	0	70	70
<i>Evaluation Tap Funding^a</i>	69	70	0	0
CMS				
CMS Program Management	4,093	4,200	4,175	3,670
Health Care Fraud and Abuse Control	294	319	672	672
ACF				
Low Income Home Energy Assistance Program	3,390	2,800	3,390	3,390
Refugee and Entrant Assistance Programs	1,530	1,486	2,551	1,560
Child Care and Development Block Grant	2,358	2,417	2,458	2,435
Head Start	8,598	8,868	8,743	8,598
Child Welfare Services	269	269	269	269
Adoption Opportunities	41	41	43	39
Community Services Block Grant	668	350	668	674
ACL				
Home & Community-Based Supportive Services	348	348	348	348
Family and Native American Caregiver Support Services	152	152	157	152
Nutrition Services Programs	809	815	809	815
Aging Network Support Activities	7	7	7	10
Alzheimer's Disease Demonstrations	4	0	4	4
<i>Evaluation Tap Funding^a</i>	0	4	0	0
<i>PPHF^b</i>	15	15	15	15
Elder Justice Demonstrations	0	25	10	0
Elder Rights Support Activities	4	4	4	8
Limb Loss	0	0	3	3
Developmental Disabilities Programs	160	160	162	162
Office of the Secretary				
General Departmental Management (GDM)	457	286	443	448
<i>Evaluation Tap Funding^a</i>	69	119	65	65
<i>PPHF^b</i>	0	105	0	0
Office of Nat'l Coord. for Health Information Technology	16	0	61	60
<i>Evaluation Tap Funding^a</i>	45	75	0	0
Office of the Inspector General	71	75	71	71
Public Health and Social Services Emergency Fund ^d	1,251	1,423	1,390	1,175
<i>Evaluation Tap Funding^a</i>	0	15	0	0

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations (e.g., department totals do not include funding for the Food and Drug Administration, the Indian Health Service, or the Agency for Toxic Substances and Disease Registry, all of which are funded by other bills); and (4) do not include direct appropriations that occur outside of appropriations bills. FY2015 enacted amounts do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235).

- a. By convention, this table shows the amount of PHS Evaluation Tap funds received by an agency for a particular program or activity separately from the budget authority appropriated for that program or activity. Tap amounts are *in addition to* amounts shown for budget authority, though the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- b. PPHF funds are not appropriated in the L-HHS-ED bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- c. The amount shown as FY2015 enacted (\$417 million) does not include \$30 million appropriated for Ebola-related activities in the first FY2015 CR (P.L. 113-164).
- d. The amount shown as FY2015 enacted (\$1.175 billion) does not include the \$733 million in emergency Ebola funds provided by Division G, Title VI, of the FY2015 omnibus or the \$58 million in Ebola-related funds provided in the first FY2015 CR (P.L. 113-164).

Department of Education (ED)

Note that all figures in this section are based on regular L-HHS-ED appropriations only; they do not include funds provided outside of the annual appropriations process (e.g., certain direct appropriations for Federal Direct Student Loans and Pell Grants). All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes discussed in the text are based on unrounded amounts.

About ED

The federal government provides support for elementary and secondary education, as well as postsecondary education. With regard to elementary and secondary education, the federal government provides roughly 11% of overall funding; the vast majority of funding comes from states and local districts.⁴³ States and school districts also have primary responsibility for the provision of elementary and secondary education in the United States. Nevertheless, ED performs numerous functions, including promoting educational standards and accountability, gathering education data via programs such as the National Assessment of Education Progress, disseminating research on important education issues, and administering federal education programs and policies. ED is responsible for administering a large number of elementary and secondary education programs, many of which provide direct support to school districts with a

⁴³ U.S. Department of Education, *FY2015 Education Budget Summary and Background Information*, Appendix 5, <http://www2.ed.gov/about/overview/budget/budget15/summary/appendix5.pdf>.

high concentration of disadvantaged students and students with disabilities. One of the most important priorities for ED in elementary and secondary education is improving academic outcomes for all students, particularly disadvantaged students, students with disabilities, English language learners, Indians, Native Hawaiians, and Alaska Natives. With regard to higher education, the federal government supports roughly 69% of all direct aid provided to students to finance their postsecondary education.⁴⁴ There are many higher education programs administered by ED—the largest are those providing financial aid to facilitate college access, primarily through student loans and the Pell grant program. In addition, ED administers programs that address vocational rehabilitation, career and technical education, and adult education.

FY2015 ED Appropriations Overview

The FY2015 omnibus provided roughly \$70.47 billion in combined mandatory and discretionary funding for ED. This is about \$105 million (+0.1%) more than the comparable FY2014 funding level and \$1.45 billion (-2.0%) less than the FY2015 request. (See **Table 8**.) Of the total provided for ED in the FY2015 omnibus, roughly \$67.14 billion (95%) is discretionary. This is \$166 million (-0.2%) less than the comparable FY2014 discretionary funding level and \$1.45 billion (-2.1%) less than the discretionary amount requested in the FY2015 President's budget.

Table 8. ED Appropriations Overview

(Dollars in billions)

Funding	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Discretionary	67.30	68.59	67.53	67.14
Mandatory	3.06	3.34	3.34	3.34
Total BA in the Bill	70.37	71.92	70.87	70.47

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills.

Selected ED Highlights

The following are some ED highlights from the FY2015 omnibus compared to comparable FY2014 funding levels and proposed funding levels from the FY2015 President's budget.⁴⁵

⁴⁴ See the College Board's *Trends in Student Aid 2014*, p. 10, <http://trends.collegeboard.org/sites/default/files/2014-trends-student-aid-final-web.pdf>.

⁴⁵ ED budget materials can be found at <http://www2.ed.gov/about/overview/budget/budget15/index.html?exp=0>.

Education for the Disadvantaged

The FY2015 omnibus provided \$14.41 billion for Grants to Local Educational Agencies (LEAs) under Title I-A of the Elementary and Secondary Education Act (ESEA). This is \$25 million (+0.2%) more than comparable FY2014 funding and the FY2015 President's request for these grants. Title I-A is the largest K-12 education program administered by ED and most LEAs in the nation receive funding under this program. The omnibus maintained a provision from the FY2014 omnibus clarifying that these funds may be used to provide transportation for homeless students and to support the work of homeless liaisons.

The FY2015 omnibus maintained funding for School Improvement Grants at \$506 million, the same amount the program received in FY2014 and in the FY2015 President's request. The omnibus included new provisions to increase LEA flexibility in implementing alternative school improvement strategies.

Impact Aid

The FY2015 omnibus provided \$1.29 billion for Impact Aid. This is the same amount provided in FY2014, but roughly \$67 million (+5.5%) more than the FY2015 President's request. The majority of Impact Aid funds are provided directly to LEAs to compensate them for the financial burden resulting from federal activities, including federal ownership of certain lands and the enrollment in LEAs of children of parents who live or work on federal lands.

Innovation and Improvement

The FY2015 omnibus provided \$1.10 billion for the Innovation and Improvement account. This is \$171 million (+18.3%) more than the comparable FY2014 funding level, but \$432 million (-28.2%) less than the FY2015 President's request. Within this account, the Fund for the Improvement of Education (FIE) received the largest increase (+\$256 million) compared to FY2014. The majority of this increase (\$250 million) was directed toward Preschool Development Grants. (Notably, the FY2014 omnibus also provided \$250 million for Preschool Development Grants. However, the FY2014 funds were provided under Race to the Top rather than FIE.) The FY2015 omnibus directed ED to partner with HHS in awarding preschool grants to states for developing or expanding high-quality preschool programs for children in families with income at or below 200% of poverty.

Special Education

The FY2015 omnibus provided \$11.50 billion for the Individuals with Disabilities Act (IDEA), Part B State Grants program. This is \$25 million (+0.2%) more than the comparable FY2014 funding level and \$75 million (-0.6%) less than the FY2015 President's request. IDEA Part B State Grants provide federal funding for elementary and secondary education for children with disabilities. As a condition for the receipt of these funds, states are required to provide a free and appropriate public education (i.e., specially designed instruction that meets the needs of a child with a disability).

Pell Grants

The FY2015 omnibus provided \$22.48 billion for the Pell Grants program.⁴⁶ This amount is \$303 million (-1.3%) less than comparable FY2014 funding and the FY2015 President's request. Under the FY2015 omnibus, the discretionary base maximum award for award year⁴⁷ (AY) 2015-2016 remained at \$4,860, and the total maximum award for which a student is eligible in AY2015-2016 is projected to be \$5,850.

Table 9. Detailed ED Appropriations
(Dollars in millions)

Agency, Program, Project, or Activity	FY2014 Comparabl e	FY2015 Reques t	FY2015 Senate Subcmte .	FY2015 Omnibu s
Education for the Disadvantaged	15,553	15,348	15,566	15,536
Grants to LEAs	14,385	14,385	14,435	14,410
School Improvement Grants	506	506	506	506
Striving Readers	158	0	168	160
Migrant State Grants	375	375	375	375
Neglected and Delinquent	48	48	48	48
Evaluation	1	0	1	1
High School Graduation Initiative	46	0	0	0
Special Programs for Migrant Students	35	35	35	37
Preschool Development Grants^a	250	500	350	0^a
Impact Aid	1,289	1,222	1,289	1,289
School Improvement Programs	4,397	4,501	4,403	4,403
Effective Teaching and Learning: Literacy	0	184	0	0
Effective Teaching and Learning: STEM Innovation	0	320	0	0
Effective Teaching and Learning for a Well-Rounded Educ.	0	25	0	0
Effective Teaching and Leaders	0	2,000	0	0
College Pathways and Accelerated Learning	0	75	0	0
Teacher Quality State Grants	2,350	0	2,350	2,350
Math and Science Partnerships	150	0	155	153
Supplemental Education Grants	17	17	17	17
21 st Century Community Learning Centers	1,149	1,149	1,149	1,152
State Assessments	378	378	378	378
Javits Gifted and Talented Education	0	0	0	0
Education for Homeless Children and Youth	65	65	65	65

⁴⁶ For more information, see CRS Report R42446, *Federal Pell Grant Program of the Higher Education Act: How the Program Works and Recent Legislative Changes*, by Cassandra Dortch.

⁴⁷ The Pell Grant award year begins July 1 of each year and ends June 30 of the subsequent year. For example, AY2014-2015 begins on July 1, 2014 and ends June 30, 2015.

Agency, Program, Project, or Activity	FY2014 Comparabl e	FY2015 Reques t	FY2015 Senate Subcmte .	FY2015 Omnibu s
Training and Advisory Services	7	7	7	7
Education for Native Hawaiians	32	32	32	32
Alaska Native Education Equity	31	31	31	31
Rural Education	170	170	170	170
Comprehensive Centers	48	48	48	48
Indian Education	124	124	124	124
Innovation and Improvement	931	1,534	869	1,102
Race to the Top	0 ^b	300	0	0
Investing in Innovation Fund	142	165	142	120
High School Redesign	0	150	0	0
Teacher and Leader Innovation Fund	0	320	0	0
Expanding Educational Options	0	248	0	0
ConnectEDucators	0	200	0	0
Transition to Teaching	14	0	14	14
School Leadership	26	35	17	16
Charter School Grants	248	0	248	253
Magnet Schools Assistance	92	92	97	92
Fund for the Improvement of Education (FIE)	67	24	67	323
Teacher Incentive Fund	289	0	230	230
Ready to Learn Television	26	0	26	26
Advanced Placement	28	0	28	28
Safe Schools and Citizenship Education	271	314	271	223
Successful, Safe and Healthy Students	0	214	0	0
Promise Neighborhoods	57	100	57	57
National Programs	90	0	90	70
Elem/Sec School Counseling	50	0	50	50
Carol M. White PE Program	75	0	75	47
English Language Acquisition State Grants	723	723	723	737
Special Education	12,497	12,601	12,555	12,522
Grants to States, Part B	11,473	11,573	11,513	11,498
Preschool Grants	353	353	353	353
Grants for Infants and Families	438	442	442	439
<i>IDEA State Grants, subtotal</i>	<i>12,265</i>	<i>12,368</i>	<i>12,308</i>	<i>12,290</i>
IDEA National Activities	233	225	237	233
Special Olympics Education Programs	0	8	10	0

Agency, Program, Project, or Activity	FY2014 Comparabl e	FY2015 Reques t	FY2015 Senate Subcmte .	FY2015 Omnibu s
Rehabilitation Services and Disability Research	3,443	3,683	3,723	3,710
Vocational Rehabilitation State Grants (mandatory)	3,064	3,335	3,335	3,335
Client Assistance State Grants	12	12	14	13
Training	34	30	30	30
Demonstration and Training Programs	6	6	6	6
Migrant and Seasonal Farmworkers	1	0	0	0
Protection and Advocacy of Individual Rights	18	18	22	18
Supported Employment State Grants	28	0	28	28
Independent Living	135	135	138	135
Helen Keller National Center for Deaf/Blind Youth and Adults	9	9	9	9
National Institute on Disability and Rehab Research	104	108	104	104
Assistive Technology	33	31	38	33
Special Institutions for Persons with Disabilities	210	210	214	212
American Printing House for the Blind	24	24	25	25
National Technical Institute for the Deaf	66	66	68	67
Gallaudet University	119	119	122	120
Career and Adult Education	1,703	1,723	1,721	1,708
Career and Technical Education (CTE) State Grants	1,118	1,118	1,123	1,118
CTE National Programs	7	7	7	7
Adult Education State Grants	564	564	577	569
Adult Education National Programs	14	34	14	14
Student Financial Assistance	24,486	24,486	24,233	24,198
<i>Pell maximum grant (non-add)</i>	<i>(5)</i>	<i>(5)</i>	<i>(5)</i>	<i>(5)</i>
Pell Grants	22,778	22,778	22,475	22,475
Federal Supplemental Opportunity Grants	733	733	748	733
Federal Work Study	975	975	1,010	990
Student Aid Administration	1,166	1,447	1,447	1,397
Higher Education	1,925	2,025	1,969	1,925
Aid for Institutional Development	521	521	530	530
International Education and Foreign Language	72	76	81	72
Fund for the Improvement of Postsecondary Education (FIPSE)	79	175	85	68
Postsec. Programs for Students with Intellectual Disabilities	10	0	13	12
Minority Science and Engineering	9	9	9	9
Tribally Controlled Postsecondary Voc.& Tech. Institutions	8	8	9	8

Agency, Program, Project, or Activity	FY2014 Comparabl e	FY2015 Reques t	FY2015 Senate Subcmte .	FY2015 Omnibu s
TRIO Programs	838	838	847	840
GEAR UP	302	302	305	302
Graduate Assistance in Areas of National Need	29	29	31	29
Teacher Quality Enhancement Grants	41	0	43	41
Child Care Access	15	15	16	15
GPRA data	1	52	1	0
Howard University	222	222	222	222
College Housing & Academic Facilities Loans^c	c	c	c	c
HBCU Capital Financing Program	19	19	20	19
Institute of Education Sciences	577	637	579	574
Departmental Management	579	603	588	569
Total, ED BA in the Bill	70,366	71,923	70,866	70,471
Subtotal, Mandatory	3,064	3,335	3,335	3,335
Subtotal, Discretionary	67,302	68,588	67,531	67,136
Memoranda				
Total, BA Available in Fiscal Year (current year from any bill)	70,366	71,923	70,866	70,471
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	22,597
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	22,597

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. STEM = Science, Technology, Engineering, and Mathematics. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills. Non-add amounts are displayed in italics and parentheses; these amounts are not part of the appropriations totals.

- a. While the FY2015 omnibus did not provide a stand-alone appropriation for Preschool Development Grants, it did direct \$250 million toward these grants from the Fund for the Improvement of Education within the Innovation and Improvement account. FY2014 funds were actually appropriated as part of the Race to the Top program, within the Innovation and Improvement account, but are shown here, pursuant to the conventions of the draft report on the FY2015 Senate subcommittee-approved L-HHS-ED bill. In addition to the amounts shown in this table, the FY2015 President's budget also called for \$1.3 billion in mandatory

- funding for a Preschool for All program. These funds are not shown in this table because the proposal calls for them to be provided directly through authorizing legislation, outside of the appropriations process.
- b. The FY2014 appropriations law provided \$250 million for Race to the Top, but these funds are shown in the Preschool Development Grants line in this table, pursuant to the conventions of the draft report on the FY2015 Senate subcommittee-approved L-HHS-ED bill.
 - c. The funding level for College Housing and Academic Facilities Loans is \$435,000 in FY2014 and in each FY2015 action. These amounts would round to zero in the table.

Related Agencies

Note that figures in this section are based on regular L-HHS-ED appropriations only; they do not include funds provided outside the annual appropriations process (e.g., direct appropriations for Old-Age, Survivors, and Disability Insurance benefit payments by the Social Security Administration). All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes in the text are based on unrounded amounts.

FY2015 Related Agencies Appropriations Overview

The FY2015 omnibus provided roughly \$70.05 billion in combined mandatory and discretionary funding for related agencies funded through this bill. This is about \$61 million (-0.1%) less than the comparable FY2014 funding level and \$191 million (-0.3%) less than the FY2015 President's request. (See **Table 10**.) Of the total provided for related agencies in the FY2015 omnibus, roughly \$14.18 billion (20%) is discretionary. This is \$114 million (+0.8%) more than the comparable FY2014 discretionary funding level and \$221 million (-1.5%) less than the discretionary amount requested in the FY2015 President's budget.

Table 10. Related Agencies Appropriations Overview

(Dollars in billions)

Funding	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Discretionary	14.06	14.40	14.31	14.18
Mandatory	56.05	55.84	55.87	55.87
Total BA in the Bill	70.11	70.24	70.18	70.05

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills.

In general, the largest share of funding appropriated to related agencies in the L-HHS-ED bill goes to the Social Security Administration (SSA).⁴⁸ When taking into account both mandatory and discretionary funding, the SSA accounted for 97% of the entire related agencies appropriation in FY2015. The bulk of mandatory SSA funding from the L-HHS-ED bill supports the Supplemental Security Income program, which provides means tested benefits to disabled children and adults and to persons 65 and older. When looking exclusively at discretionary funding, the SSA remains the largest component of the related agencies appropriation, constituting roughly 84% of discretionary funds in FY2015. The majority of discretionary SSA funding covers administrative expenses for Social Security, SSI, and Medicare.⁴⁹

After the SSA, the next-largest agency of the related agencies appropriation is the Corporation for National and Community Service (CNCS), which constitutes roughly 2% of all funding and 7% of discretionary funding in FY2015. Typically, each of the remaining related agencies receives less than \$1 billion from the annual L-HHS-ED appropriations bill. For more information, see **Table 11**.

Selected Related Agencies Highlights

The FY2015 President's request for the SSA Limitation on Administrative Expenses (LAE) account, which provides the administrative funding for all the SSA programs and operations except the Office of the Inspector General (OIG), was \$12 billion. Of this amount, \$1.4 billion was requested for program integrity activities including continuing disability reviews (CDRs) and SSI redeterminations of eligibility, with \$273 million set aside from the base LAE funding and \$1.3 billion in additional funding above the discretionary funding caps set by the Budget Control Act of 2011 (BCA; P.L. 112-25). The final appropriation for the SSA LAE account was \$11.8 billion, which includes the full requested amount of \$1.4 billion for program integrity.

Table 11. Detailed Related Agencies Appropriations Table

(Dollars in millions)

Agency, Program, Project, or Activity	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Omnibus
Committee for Purchase from People Who Are Blind or Severely Disabled	5	5	5	5
Corporation for National and Community Service (CNCS)	1,050	1,050	1,065	1,055
<u>Selected CNCS Programs/Initiatives:</u>				
Volunteers in Service to America (VISTA)	92	92	92	92
National Senior Volunteer Corps	202	131	202	202
AmeriCorps State and National Grants	335	335	343	335
National Civilian Community Corps	30	30	30	30
National Service Trust	207	254	211	210

⁴⁸ For additional information on the SSA budget, see CRS Report R41716, *Social Security Administration (SSA): Budget Issues*, by Scott D. Szymendera.

⁴⁹ SSA assists HHS in administering portions of the federal Medicare program. For more information on this, see Social Security Administration, *Justifications of Estimates for Appropriations Committees, Fiscal Year 2014*, February 2013, <http://ssa.gov/budget/FY14Files/2014FJ.pdf>.

Agency, Program, Project, or Activity	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Omnibus
Corporation for Public Broadcasting (CPB)	445	445	445	445
Federal Mediation and Conciliation Service	45	46	46	46
Federal Mine Safety and Health Review Commission	16	17	17	17
Institute of Museum and Library Services (IMLS)	227	226	228	228
Medicare Payment Advisory Commission (MedPAC)	12	12	12	12
Medicaid and CHIP Payment and Access Commission (MACPAC)	8	9	9	8
National Council on Disability	3	3	3	3
National Healthcare Workforce Commission	0	0	3	0
National Labor Relations Board (NLRB)	274	278	278	274
National Mediation Board	13	13	13	13
Occupational Safety and Health Review Commission	11	13	13	12
Railroad Retirement Board (RRB)	155	152	152	151
Dual Benefits (minus tax receipts)	36	31	31	31
Federal Payment to RR Retirement Account (mandatory) ^a	0	0	0	0
Limitation on Administration	110	112	112	111
Inspector General	8	9	9	8
Social Security Administration (SSA)^b	67,845	67,969	67,895	67,780
Payments to Social Security Trust Funds (mandatory)	16	16	16	16
Supplemental Security Income (SSI) (mandatory)	56,029	55,824	55,854	55,854
Limitation on Administrative Expenses (including user fee activities)	10,500	10,628	10,525	10,410
Program Integrity	1,197	1,396	1,396	1,396
Office of Inspector General	102	105	103	103
Total, Related Agencies BA in the Bill	70,109	70,239	70,184	70,048
Subtotal, Mandatory	56,046	55,841	55,871	55,871
Subtotal, Discretionary	14,063	14,398	14,313	14,177
Memoranda				
Total, BA Available in Fiscal Year (current year from any bill)	69,709	70,739	70,684	70,548
Total, BA Advances for Future Years (provided in current bill)	20,145	19,645	19,645	19,645
Total, BA Advances from Prior Years (for use in current year)	19,745	20,145	20,145	20,145

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills.

- a. Actual amount is roughly \$150,000 in each column, which rounds to \$0 in millions (the unit of measure used in this table).
- b. The Social Security trust funds are considered off-budget, but the Supplemental Security Income (SSI) program, SSA administrative expenses, and certain related SSA activities are included in appropriations for L-HHS-ED and Related Agencies.

Appendix. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both statutory and procedural elements.⁵⁰ The statutory elements include the discretionary spending limits and mandatory spending sequester derived from the Budget Control Act of 2011 (BCA; P.L. 112-25). The procedural elements are primarily associated with the budget resolution and limit both total discretionary spending and spending under the jurisdiction of each appropriations subcommittee.

Budget Control Act and Sequestration

The BCA, as amended, requires annual reductions to mandatory and discretionary spending over an extended period. For mandatory spending, reductions are to occur through sequestration in each of FY2013-FY2024.⁵¹ For discretionary spending, reductions occurred through sequestration in FY2013, but are to be achieved through lower discretionary spending limits for each of FY2014-FY2021. The Bipartisan Budget Act of 2013 (BBA, Division A of P.L. 113-67) established new limits for FY2014 and FY2015 defense and nondefense discretionary spending, with no further reductions to those limits required. The BCA does not call for sequestration of discretionary spending in FY2014-FY2021 unless one or both of the statutory discretionary spending limits (defense and nondefense) is breached. The L-HHS-ED bill only includes funding in the nondefense category.

FY2015

On March 10, 2014, concurrent with the release of the FY2015 President's budget, President Obama issued the required sequestration order for nonexempt FY2015 mandatory spending.⁵² The sequester order took effect on October 1, 2014. OMB's FY2015 joint committee reductions report stated that the sequestration percentages were equal to 2% of nonexempt Medicare spending and 7.3% of other nonexempt nondefense mandatory spending in FY2015.⁵³ OMB estimated that this would reduce nonexempt nondefense mandatory spending by over \$17 billion in FY2015. (The report also estimated a 9.5% reduction, totaling roughly \$702 million, in nonexempt defense mandatory spending, but this is not applicable to L-HHS-ED funds.) The OMB report's appendix displays the actual dollar amounts to be sequestered from each budget account. While the report displays reductions at the *account* level, the sequester itself is implemented at the *program, project, or activity* level.

⁵⁰ For more information on budget enforcement in the context of FY2015 appropriations, see CRS Report R43776, *Congressional Action on FY2015 Appropriations Measures*, by Jessica Tollestrup.

⁵¹ As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period was subsequently extended through FY2024 (see P.L. 113-67 and P.L. 113-82).

⁵² White House, President Obama, Sequestration Order for Fiscal Year 2015, March 10, 2014, available at <http://www.whitehouse.gov/the-press-office/2014/03/10/sequestration-order-fiscal-year-2015>.

⁵³ *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2015*, March 10, 2014, http://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/sequestration_order_report_march2014.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2015, the dollar amounts subject to sequestration (based on OMB's current law baseline), the percentage by which they would be reduced, and the dollar amount of the reduction.

Sequestration of discretionary spending was not required in FY2015. According to OMB's analysis, after making allowable adjustments, the FY2015 omnibus did not violate the defense and nondefense spending limits.⁵⁴

Cap Adjustments, Exemptions, and Special Rules

The BCA, as amended, established discretionary spending limits (sometimes called budget caps) for FY2012-FY2021. The law includes provisions allowing for limited adjustments to the caps. For L-HHS-ED, the most notable of these is for increases (up to a point) in new budget authority for specified program integrity initiatives at HHS and the Social Security Administration.

In addition, although sequestration largely consists of automatic, across-the-board spending reductions, the law exempts a limited number of programs from sequestration and subjects others to special rules. The L-HHS-ED bill contains several programs that are exempt from sequestration, including Medicaid, payments to health care trust funds, Supplemental Security Income, Special Benefits for Disabled Coal Miners, retirement pay and medical benefits for commissioned Public Health Service officers, foster care and adoption assistance, and certain family support payments. The L-HHS-ED bill also contains several programs that are subject to special rules under sequestration, such as unemployment compensation, certain student loans, health centers, and portions of Medicare.⁵⁵

Budget Resolution and 302(b) Suballocations

The procedural elements of budget enforcement generally stem from requirements under the Congressional Budget Act of 1974 (P.L. 93-44) that are associated with the adoption of an annual budget resolution. Through this process, the Appropriations Committee in each chamber receives a procedural limit on the total amount of discretionary budget authority for the upcoming fiscal year, referred to as a 302(a) allocation. The Appropriations Committee subsequently divides this allocation among its 12 subcommittees. These subcommittee-level spending limits are referred to as 302(b) suballocations. The 302(b) suballocations restrict the amount of budget authority available to each subcommittee for the agencies, projects, and activities under its jurisdiction, effectively acting as a cap on each of the 12 regular appropriations bills. Enforcement of the 302(a) allocation and 302(b) suballocations occurs through points of order.

Congress did not adopt a budget resolution for FY2015. Although the House agreed to a budget resolution (H.Con.Res. 96) on April 10, 2014, this measure was not taken up in the Senate, nor did the Senate consider a separate budget resolution for FY2015.

Instead, both the House and the Senate used an alternative mechanism for FY2015 procedural budget enforcement that was enacted as part of the BBA.⁵⁶ It allowed the Chairs of the House and Senate Budget Committees to submit statements for publication in the *Congressional Record* that included FY2015 spending levels (i.e., 302(a) allocations) for the House and the Senate Appropriations Committees, provided these levels were “consistent with the discretionary

⁵⁴ Letter from Shaun Donovan, OMB Director, to The Honorable John A. Boehner, Speaker of the House of Representatives, December 29, 2014, http://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/7_day_after/hr83_7-Day%20After.pdf.

⁵⁵ For more information, see CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*, coordinated by Karen Spar.

⁵⁶ For more information, see CRS Report R43535, *Provisions in the Bipartisan Budget Act of 2013 as an Alternative to a Traditional Budget Resolution*, by Megan S. Lynch.

spending limits” set forth in the BBA. The House statement was filed in the *Congressional Record* on April 29; the Senate statement was filed on May 5.⁵⁷ Once filed, these levels became enforceable on the House and the Senate floors.

Based on the budget enforcement provided via this alternative mechanism, the House and the Senate Appropriations Committees each reported initial 302(b) suballocations to their subcommittees prior to floor consideration of the FY2015 regular appropriations bills. However, it is common for these suballocations to be revised throughout the year to reflect actual action on appropriations bills and changes in congressional priorities; such changes are not always reported. The House most recently reported revised suballocations for FY2015 on June 17, 2014. The Senate most recently reported revised suballocations on December 12, 2014.

See **Table A-1** for an overview of the published L-HHS-ED 302(b) suballocations for FY2015, as compared to the proposed FY2015 Senate subcommittee-approved bill and the enacted FY2015 omnibus. Note that compliance with discretionary spending allocations is evaluated based on budget authority *available in the current fiscal year*, adjusted for scorekeeping by the Congressional Budget Office. As such, totals shown in this table may not be comparable to other totals shown in this report.

Table A-1. FY2015 Discretionary 302(b) Allocations for L-HHS-ED and Status of Comparable Appropriations

(Dollars in billions)

FY2015 House Allocation	FY2015 Senate Allocation	FY2015 Senate Subcmte.	FY2015 Enacted (P.L. 113-235)
155.7	161.0	158.3 ^a	158.2 ^a

Source: CRS took the FY2015 House allocation from H.Rept. 113-474, reported on June 17, 2014. The FY2015 Senate allocation is from S.Rept. 113-312, reported on December 12, 2014. The FY2015 Senate subcommittee amount is based on the draft report on the bill, released by the Senate Appropriations Committee on July 24, 2014. The FY2015 enacted amount is based on the CBO cost estimate for P.L. 113-235.

Notes: Budget authority subject to discretionary 302(b) allocations represents current-year budget authority (not total budget authority in the bill), adjusted for scorekeeping.

- a. The BCA allows for an increase in discretionary spending limits for additional BA provided for selected program integrity initiatives aimed at reducing improper benefit payments in Disability Insurance and Supplemental Security Income programs, Medicare, Medicaid, and the Children’s Health Insurance Program. The FY2015 omnibus provided \$1.484 billion in cap adjustments for program integrity initiatives at HHS (\$361 million) and the Social Security Administration (\$1.123 billion), the same amount proposed in the Senate subcommittee-approved bill.

Current-Year Budget Authority

Table A-2 displays the total L-HHS-ED current-year budget authority for FY2015 discretionary and mandatory appropriations provided or proposed, by title, compared to comparable FY2014 funding levels. The amounts shown in this table reflect total budget authority available for obligation in the fiscal year, regardless of the year in which it was first appropriated.⁵⁸ (For a comparable table showing total budget authority in the bill, rather than current-year budget

⁵⁷ “Publication of Budgetary Material,” *Congressional Record*, daily edition, vol. 160, no. 62 (April 29, 2014), pp. H3288-H3289; “Budget Committee Submissions,” *Congressional Record*, daily edition, vol. 160, no. 66 (May 5, 2014), pp. S2641-S2642.

⁵⁸ These amounts exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year.

authority, see **Table 2** in the body of this report.) As mentioned above, it is current-year budget authority (adjusted for scorekeeping by the Congressional Budget Office) that is used to determine compliance with discretionary spending allocations.

Table A-2. L-HHS-ED Appropriations Overview by Bill Title, FY2014-FY2015

(Current-year budget authority in billions)

Bill Title	FY2014 Comparable	FY2015 Request	FY2015 Senate Subcmte.	FY2015 Enacted
Title I: Labor	14.13	13.60	13.48	13.35
Discretionary	12.04	12.20	12.09	11.95
Mandatory	2.09	1.40	1.40	1.40
Title II: HHS	648.52	680.20	684.04	681.89
Discretionary	70.75	69.29	73.13	70.97
Mandatory	577.77	610.91	610.91	610.91
Title III: Education	70.37	71.92	70.87	70.47
Discretionary	67.30	68.59	67.53	67.14
Mandatory	3.06	3.34	3.34	3.34
Title IV: Related Agencies	69.71	70.74	70.68	70.55
Discretionary	14.06	14.40	14.31	14.18
Mandatory	55.65	56.34	56.37	56.37
Total Current Year BA^a	802.73	836.46	839.07	836.25
Discretionary	164.16	164.48	167.06	164.23
Mandatory	638.57	671.99	672.02	672.02
Title VI: Ebola (emergency)^b	-	-	-	2.74
Memoranda:				
Advances for Future Years (provided in current bill) ^c	151.46	160.77	160.77	160.77
Advances from Prior Years (for use in current year) ^c	153.79	151.46	151.46	151.46
Additional Scorekeeping Adjustments ^c Error! Reference source not found.	-6.44	-5.31	-8.80	-5.99

Source: Amounts for FY2014 comparable, the FY2015 request, and the FY2015 Senate subcommittee-approved bill are largely estimated based on data provided in the draft report on the Senate subcommittee-approved bill, as released on the Senate Appropriations Committee website on July 23, 2014. In general, FY2014 comparable amounts reflect transfers and reprogramming, as well as sequestration of nonexempt mandatory spending programs, where applicable. Amounts for FY2015 enacted were estimated based on data in the joint explanatory statement accompanying the FY2015 omnibus. For consistency with source materials, the FY2015 enacted levels do not reflect required sequestration for nonexempt mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds that may occur pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include

advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the L-HHS-ED Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include direct appropriations that occur outside of appropriations bills. FY2015 enacted totals do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235). No amounts are shown for Title V, because this title consists solely of general provisions.

- a. <001 Totals in this table are based on current-year budget authority, meaning budget authority that is available for obligation in a given fiscal year, regardless of the year in which it was first appropriated (i.e., totals exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year).
- b. <002 Total does not include \$88 million appropriated to HHS for Ebola-related activities in the first FY2015 CR.
- c. <003 The calculation for total budget authority in the bill (rather than total budget authority available for obligation in the current fiscal year) is as follows: Total Current Year BA minus Advances from Prior Years plus Advances for Future Years.
- d. <005 Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Author Information

Karen E. Lynch, Coordinator
Specialist in Social Policy

Gail McCallion
Specialist in Social Policy

David H. Bradley
Specialist in Labor Economics

Scott D. Szymendera
Analyst in Disability Policy

Ada S. Cornell
Information Research Specialist

Acknowledgments

Maggie McCarty, Specialist in Housing Policy, provided thoughtful review and comments.

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.